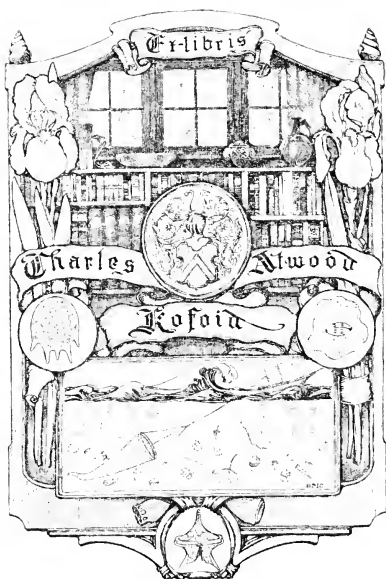


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Desires of the Medical Officer  
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*General Secretary*  
*Museum, Fort Pitt, Chatham* *W. Wood*

# CATALOGUE

OF

## PREPARATIONS, &c.

IN

### MORBID, NATURAL, AND COMPARATIVE ANATOMY,

CONTAINED IN

### THE MUSEUM

OF

### THE ARMY MEDICAL DEPARTMENT,

### FORT PITT, CHATHAM.

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1833.

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## P R E F A C E.

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WITH the opportunities which are afforded in the Army for forming a Collection in Morbid Anatomy, it has been a subject of regret with many, that nothing had for so long time been done towards effecting this ; more especially, as the post mortem appearances of diseases comparatively of rare occurrence in civil life, might have been preserved in such a Museum as that of the Army. The earliest attempt at forming a Collection was made at Portsmouth, in the year 1810, under the superintendence of the present Director General, then Inspector of Hospitals. Some Pathological preparations were made at Hilsea Hospital, by the late W. W. Fraser, Esq., and by Dr. James Forbes, who successively were the Principal Medical Officers at Hilsea. During the years 1810 and 1811 perhaps fifty Preparations were put up at that place : after this nothing appears to have been done till 1816, when a commencement was made at the York Hospital Chelsea, to which the Preparations at Portsmouth were removed ; but almost every one of these were found to be in a decayed state. Small additions continued to be made to the Collection at the York Ho-

spital, until the Establishment was removed to Chatham, where more space and better means of making Preparations were obtained; and it is but seventeen years ago, that the forming a Collection can be said to have been seriously entered on at the only General Hospital that remained after the conclusion of the war. As soon, however, as the intention was made known to the Medical Officers of the Army, they were not slow in contributing to it, from all the foreign stations where British troops are quartered. But the difficulties were almost insurmountable at first; for not only was it found almost impossible to attempt to make and preserve Anatomical Preparations in tropical climates, even after they had the aid of that scientific chemist Dr. John Davy, but great difficulty was experienced in conveying them to Britain, and the expense of the whole fell on the Medical Officers, who generously defrayed everything relating to the Establishment, Government having done nothing towards it for several years. The devoted zeal of the Medical Officers led to perseverance through numberless difficulties, and at length placed the Museum of the Medical Department of the Army on a firm foundation. At its first formation, that able Officer Dr. James Forbes was at the head of the Establishment of the General Hospital at Fort Pitt, and, but for his zeal, ability, and steady perseverance, the Museum must have fallen to the ground. Of the Officers then acting under Dr. Forbes was the late lamented Mr. Schetky, Surgeon to the Forces, at the same time an able draftsman and a minute Anatomist. He projected giving de-

lineations of the contents of the Museum, and a Fasciculus was printed in 1824, which first made known to their brethren in civil life what had been done by the Medical Officers of the Army. This Fasciculus was brought out under very great disadvantages ; no other has followed,—but the design is by no means abandoned, and it is hoped that in future Fasciculi the state of the Museum will appear in a more favourable view than that conveyed by the first.

Dr. Skey and Dr. Clark successively followed Dr. Forbes as heads of the Establishment at Chatham ; and much is due to the zeal and ability with which both these excellent Officers have acted in bringing the Museum to its present state ; as, likewise, to the gentlemen who came successively into charge of the Museum, as Curators of it.

A few years ago the Collection of Books to form a Library for the Medical Department of the Army was projected. Their Library, which now amounts to about 2500 volumes, includes many of the most valuable professional works, and promises to become a most respectable Establishment, and is entirely supported by gifts of money and books, with bequests from the Medical Officers of the Army. It would be ungrateful if it were here passed unnoticed that some of the most eminent of their brethren in civil life continue to present their Works to the Library of the Medical Department of the Army.

Soon after, a commencement was made of a Collection in Natural History, and this is now placed in a separate building, and contains many valuable specimens in the

three kingdoms of Nature. As soon as it can be done, it is intended to publish a Catalogue of it.

The locality of Chatham for the Museum and Library has some advantages, as, being the General Hospital of the Invalid Depôt, it is fed with sick from among the most confirmed cases of organic disease occurring in the various climates over which the Empire extends; but it is fondly hoped, that the time may come, when the Medical Department of the Army shall have an Establishment of their own in the Metropolis, which will not only contain the Museums of Anatomy, of Natural History, and their Library, but afford means for Officers, from all parts of the world, again meeting, who had served together in years far gone by and in distant climates, and associating with others who have more recently entered the service, and thus afford the opportunity, in recounting their services, to exchange opinions on professional questions.

In the course of a few years the Anatomical Collection became more considerable than could have been anticipated, and gave early promise of increasing to an extent which would be at once a source of honourable pride to its projectors, and of gratification to those by whom their views were carried into effect. Its magnitude still rapidly increases, and its value is now such, that a Catalogue of its contents may with propriety be submitted to the Department, in the hope that it will prove to some a source of amusement and instruction, to others an example worthy of imitation.

The Catalogue is confined to the professional parts of the Museum, and especially relates to its most extensive branch,—Pathology; the classes of Natural and Comparative Anatomy being added to complete the whole of the subjects connected with these sciences. Manuscript Catalogues have existed from the time of its formation, from which that now published has been compiled. The alterations which have been made are for the most part verbal, or condensations of the accompanying histories and notices of cases. The descriptions of the Preparations have not been, and indeed could not be, materially changed, without altogether setting aside the original account of them, which, as it had been formed by able Pathologists, it was not deemed expedient to do. Some points, however, have been omitted; as, for instance, the names of those who were engaged in the manipulation and display of the Preparations, although they are accurately preserved in the original; the treatment, which is not immediately connected with the subject, and would have given an undue bulk to the volume; and the references to the detailed cases and dissections, which are to be met with in the Medical, Surgical, and Necrological Registers of the General Hospital. Such references add greatly to the value of the morbid specimen, as the history of each case connected with it can thus be traced through all its details; but as they can only be made on the spot where the Manuscript Catalogues, with the history of every case, even from the earliest attack of disease in every foreign country, as well as at its ter-

mination at Chatham, in nearly 200 folio volumes of Clinical cases, can be consulted, the multiplication of them in the printed copies becomes superfluous.

Although it is matter of regret that an account of the cases connected with the earlier Preparations has not always been preserved, as well as of some of those transmitted from foreign stations, yet the vast advantage which this Collection derives from this very essential point cannot but be apparent to, and appreciated by, every member of the profession. It is probable that some errors may have occurred in the insertion of the names and rank of Donors ; they have, however, in no instance been omitted where they are recorded ; and any Contributor whose name does not appear, may feel assured that such omission is the result of deficient information, rather than of want of courtesy or attention.

In the Pathological Collection, the classification, which was introduced by Dr. Davy, has for its basis a Physiological arrangement ; one probably as little liable to objection as any other which could have been formed. The Preparations are necessarily numbered according to the dates of their admission into the Museum, rather than by the immediate proximity of their subjects, the latter being evidently impracticable in an aggregate which is constantly increasing. The same division is pursued in the Natural Anatomy. The arrangement of the Comparative Anatomy is founded on the best authorities, among which the illustrious Cuvier stands preeminent. It is scarcely necessary to remark that the inversion of the order of



the three Parts is the natural consequence of the superior value and importance of the morbid branch, the others being only addenda to this, the description of which is the primary object intended here.

The comparative richness and poverty of the various divisions will be apparent, on inspection of the Catalogue. It may not, however, be impertinent to the subject to notice in this place some of its most valuable sections. These are—the specimens of Diseases of the Larynx, Lungs, and, more particularly, the Heart and Arteries : the various morbid appearances of the parts connected with Digestion also abound ; and the series of the lesions of the Liver is such as is scarcely to be met with elsewhere. To these may be added an extensive collection of examples of Diseases and Injuries of the Bones and Joints, showing the effects of Wounds on them, many of which are rare, and some unique ; also a considerable number of Paintings and Drawings on professional subjects.

It is no less a duty than a satisfaction to record the names of those gentlemen under whose care, and by whose industry, the Museum has attained its actual importance. To the indefatigable exertions and fostering care of the Director-General and Principal Inspector-General, it owes its existence, and, in a great measure, its increase and present flourishing condition. Under the auspices of the Director-General it was commenced, and it has been zealously kept up by the able principal

medical officers at Chatham, Drs. Forbes, Skey, and Clark.

The following gentlemen (some of whom live to enjoy the credit of their labours, while others have been prematurely snatched away by death,) were chiefly employed in the immediate construction of the Preparations; and to them is solely due the state in which the Preparations are now presented: viz. Staff Surgeons Schetky and Millar, Staff Assistant Surgeons Ford, Bushe, Gulliver, and Fagg; the last of whom has been succeeded by Dr. Farquhar M'Crae, the present able Curator.

Nearly the whole of the Paintings, and many of the Drawings, are from the masterly hand of the lamented Mr. Schetky, whose excellence as an Artist was only equalled by his knowledge and acquirements in professional sciences, and as an Anatomist.

The names of the numerous gentlemen who have contributed to the various branches of the Collection are not recorded individually in this notice, because they appear in the detailed descriptions, and their names are, also, affixed to the Preparations themselves, on the shelves of the Museum.

The thanks of the Department are eminently due to those gentlemen who have contributed by pecuniary donations to the printing of the Catalogue; without their assistance it would have been impracticable. The Catalogue of the earlier Preparations was arranged by Mr. Schetky; it was afterwards continued, and subsequently

brought to its present state, chiefly by the labours of the gentlemen who came successively in charge of the Museum. To Dr. Clark and Staff Surgeon Burton is due the merit of the arrangement for printing it\*. They claim, however, no further credit than that of diligently transcribing and revising its pages ; making such alterations in the diction as seemed necessary to explain, elucidate, or improve its contents ; and, in a word, performing the part of Editor on this occasion : and the labour has not been of a trifling nature.

Had this Collection been commenced at an earlier period,—had it begun at the commencement of the last war, it would have been, with the advantages then possessed, unrivalled in the particular department of science which it embraces.

In the Museum of Pathology, there are not unfrequently duplicates of interesting specimens ; these it is desired to give in exchange with preparations in other Collections : and such interchange will be mutually profitable ; and this public communication is made with the view of soliciting additions to the Museum.

The Preparations most wanted in the Collection of the Medical Officers of the Army are,

*In Healthy Anatomy.*

1. Crania of the various Races of mankind.

\* This is not the sole merit of those two able Officers in regard to the Museum ; both have for a long time been efficient members of the Committees, for conducting both the Museum and Library, and Dr. Clark has been the Chairman of both Committees.

2. Preparations of the impregnated Uterus at various periods of Gestation.
3. The Bodies of Fœtuses at different ages.
4. Preparations of the Lymphatics, Arteries, and Veins.
5. Coloured Casts of wax, to show the surgical relations of the great blood-vessels and nerves, or of any other important object.

*In Pathological Anatomy.*

1. Diseases of the Urinary or Generative organs, male and female.
2. Injuries of the Bones, and of the Joints.
3. Herniæ of both Sexes.
4. Monstrosities.
5. Diseases of the Eyes and Ears.
6. Tumours and all kinds of adventitious formations.
7. Drawings and Wax Casts, particularly of the different pathological conditions of the Brain, Eye, and other parts, of which colour is one of the principal characteristics.

*In the Natural-History Branch of the Museum.*

1. Marsupial animals from Australia, *preserved in Spirits.*
2. Snakes and Lizards from the Colonies, *preserved in Spirits.*
3. Fish, *dried, or preserved in Spirits.*
4. Shells and Crustacea.
5. Crania of different Animals.
6. Small Skeletons, Natural, or Articulated.

It is particularly desirable that all those who mean kindly to become Contributors to the Museum, will have the goodness to attend to the following circumstances.

When a pathological specimen is obtained, it ought to be considered whether the colour is the most essential character to be preserved. If so, the object should immediately be put into a jar of pure alcohol, and being hung in a suitable position, the evaporation of the spirit is to be prevented by tying two layers of bladder over the rim of the glass. Afterwards the whole is to be enveloped in brown paper, so as to exclude the light. But in cases in which it is chiefly desirable to preserve the forms and relations of objects, the specimen should be macerated in water, till free of blood, and then put up in a glass jar containing equal parts of water and strong alcohol. It will materially add to the value of any pathological preparation if it is accompanied by a document, containing a minute detail of all the symptoms to which the diseased condition gave origin, before the death of the patient.

A much lamented deceased Member has bequeathed his Books to the Library of his Brother Officers, but hitherto no Bequest has been made to the Museum; there is no doubt, however, that benevolent individuals will leave money for the maintenance of the Museum, and towards the great object of obtaining a building for the Museum and Library in the Metropolis, where the Medical Officers of the Army could meet for social intercourse,

and in commemoration of the Benefactors of their Institutions.

In an Appendix will be found a tabular statement of the present contents of the Museum as presented to the body of Medical Officers on their Annual Meeting in May, with the statements of their Library, Insurance Society, and the Charitable Institution for the Orphans of Medical Officers.

*London, May 1833.*

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# CATALOGUE

OF

## PREPARATIONS, &c.

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### PART I.—MORBID ANATOMY.

#### *Class* I.—VITAL FUNCTIONS.

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#### RESPIRATION.

#### DIVISION I.—DISEASED STRUCTURE OF LARYNX, &c.

1. **LARYNX** and Trachea,—exhibiting ulceration of their mucous membrane; the Epiglottis nearly destroyed.—*Presented by Dr. Stewart, Surgeon, 71st Regiment.*

From Peter Meade, 71st Regiment, a patient with confirmed Phthisis, who also complained of pain in the Larynx, and inability to swallow solids. He had previously suffered from scrofulous ulcers in various parts. Having died after a month's treatment, laryngeal disease was discovered, as described above, and the Lungs were much tuberculated and ulcerated.

2. **Larynx**,—exhibiting extensive ulceration in the site of the Chordæ vocales of the right side, with deep excavation.—*Fort Pitt.*

From John Ashworth, æt. 38, 12th Regiment, admitted on his arrival from India, where he had served many years. He stated that he had undergone, at dif-

ferent times, twelve courses of mercury; but that he had not been affected with any syphilitic complaint for nine years past, about which time he had a Chancre and Bubo. After two months' treatment, he died in a state of exhaustion; and the only disease apparent, on dissection, was that of the Larynx constituting the preparation.

3. Larynx,—exhibiting ulceration immediately above the Chordæ vocales, particularly on the left side.—*Fort Pitt.*

From Jeremiah Barley, æt. 32, 36th Regiment, who was admitted into hospital, on his arrival from Malta, moribund, with Phthisis of eleven months' duration. On dissection, the Larynx was found as shown in the preparation; the Lungs contained tubercles and vomicæ.

4. Larynx,—exhibiting ulceration of the mucous membrane lining the epiglottidean and thyroid Cartilages.—*Ibid.*

From John Dalton, æt. 26, 83rd Regiment, who was admitted with Consumption, on his arrival from Ceylon. He had been an invalid for three years, and sunk in a month. On dissection, besides the state of parts shown in the preparation, the Lungs were found to be tuberculated, and the Intestines in a state of ulceration.

5. Larynx,—exhibiting œdema of the Glottis, and abrasion of the Epiglottis.—*Ibid.*

From William Barnes, æt. 18, 2nd Regiment, admitted with confirmed Phthisis: he died in three months and a half. On dissection, the mucous membrane lining the Larynx, Trachea, and Bronchiæ, was found abraded throughout its entire surface; the Lungs contained many vomicæ, and the Intestines were extensively ulcerated.

6. Larynx,—exhibiting ulceration, which had extended into the Trachea.—*Ibid.*

From Alexander Duff, æt. 32, 71st Regiment, who was admitted with Consumption, and died after four months' treatment. On dissection, the Larynx was seen as above described, and the Lungs tuberculated.

7. Larynx,—exhibiting nearly total destruction of the Epiglottis, with ulceration of the mucous membrane, extending down the Trachea.—*Ibid.*

From Martin Browne, æt. 40, 84th Regiment, who was admitted with an eruption covering the surface of his body, particularly his head and back (vide Painting, No. 13), and difficult deglutition. He had been in India for the preceding ten years, and had taken largely of

mercury, but not for any venereal affection. Having died at the end of three months, the Larynx and Trachea were found, on dissection, as shown in the preparation; and serous effusion had taken place into the tissue of the Lungs.

8. Larynx,—exhibiting ulceration of its mucous membrane, extending down the Trachea.—*Fort Pitt.*

From Corporal William Adams, æt. 30, 10th Regiment, who was admitted labouring under Phthisis pulmonalis of six months' duration. After death, which took place in five weeks, the Larynx and Trachea were found in a state of ulceration; the Lungs extensively diseased; and the Ilium, Cæcum, and Colon, studded with ulcers on their inner surface.

9. Larynx,—exhibiting two excavated ulcers, and exposure of the thyroid Cartilages, in the site of the Chordæ vocales.—*Ibid.*

From Cornelius Conway, æt. 28, 8th Light Dragoons, who had served eleven years in India, where he had been a frequent sufferer from attacks of dysentery and remittent fever, for which he had taken much mercury. On his voyage homewards, about a month previous to its termination, he had a relapse of dysentery, which, on admission into hospital, continued, attended with singultus and distressing cough, and latterly vomiting. He died in sixteen days. On dissection, the Larynx was found ossified, and in a state of ulceration internally, with a small piece of bone separated, and lying in the ulcer on the right side. The lining membrane of the Œsophagus was also abraded, and contracted in its centre; and the mucous tunic of the Intestines ulcerated.

10. Ulceration of the mucous membrane lining the Larynx.—*Ibid.*

From Serjeant G. M<sup>c</sup>Kenzie, æt. 32, 72nd Regiment, who, having long been afflicted with Consumption, died five months after admission into the General Hospital. On examination, besides the disease described in the preparation, the Lungs were found to be extensively ulcerated, as was also the whole intestinal canal: Hydatids were also discovered in one of the Kidneys.

11. The Os hyoides separated from the thyroid Cartilage by a suicide.—*Ibid.*

From an Officer, æt. 31, a maniac, with well-marked suicidal propensity. Having eluded the vigilance of his attendants, he obtained possession of a razor, with which he divided all the parts from the integuments of the neck to the vertebræ. Neither of the carotids, however, were wounded; but the thyroid arteries were cut through, and the wound proved fatal in a short time.

12. Larynx,—exhibiting thickening and ulceration of the Epiglottis.—*Ibid.*

From Simon Woodstock, æt. 40, 69th Regiment, a worn-out subject from India, where he had resided a long time, and had suffered from hepatic disease (for the cure of which he had taken much mercury), and latterly from dyspnœa and cough. On arrival at home he laboured under symptoms of chronic Laryngitis and pulmonary Consumption, from the pressure of which he gradually sunk. On examination post mortem, the mucous lining of the Larynx was found ulcerated and thickened; the Epiglottis half consumed; the papillæ of the Tongue enlarged; and the Lungs extensively indurated, tuberculated, and ulcerated. A section of the Lung is also preserved. (Vide Division 3, No. 36.)

13. Larynx,—exhibiting œdema of the Epiglottis, and Rima Glottidis.—*Ibid.*

From John Walsh, æt. 26, 87th Regiment, who had for a twelvemonth laboured under scrofulous ulcerations in the neck, and, for three months previous to death, enlargement of the conglobate glands of all the superficial parts of the body. This condition was attended by atrophy, extreme debility, purulent expectoration, night sweats, diarrhœa, and other signs of disorganization of the Lungs, under which he sunk. The post mortem examination exhibited the above-mentioned state of the Larynx, with tubercular and ulcerated Lungs. The Intestines were studded with innumerable tubercles, many clusters of which had run into ulceration: the Liver had a marbled appearance, and was of highly granular texture; and the mesenteric glands were much enlarged.

14. Larynx,—exhibiting extensive ulceration, and thickening of its mucous membrane.—*Ibid.*

From Matthew Carrol, 29th Regiment, æt. 29: having been treated for secondary Syphilis, symptoms of Phthisis laryngea set in, and terminated in death. On dissec-

tion, the Larynx was found extensively ulcerated, and its mucous membrane much thickened, even to the Dorsum linguæ, the fungiform papillæ of which were enlarged. The Epiglottis was so nearly destroyed, as to be totally inadequate to its office. The Thyroid cartilage was partly ossified, and its inner layer appeared as if about to exfoliate. The only disease discoverable in the Lungs was slight hepatization of the inferior part of the left organ.

15. Larynx,—exhibiting induration, thickening, and ulceration of the mucous membrane lining the Rima Glottidis.—*History unattainable.*
16. Larynx,—exhibiting Varioloid Pustules.—*Fort Pitt.*  
From Thomas Cowley, 1st Regiment, æt. 30, who died of Variola, with secondary fever. (Vide Division II. No. 4.)
17. Larynx,—exhibiting thickening, œdema, and ulceration of the Glottis.—*History unattainable.*
18. Larynx,—exhibiting œdema, ulceration, and effusion of lymph.—*History unattainable.*
19. Larynx,—exhibiting extensive thickening and ulceration of its mucous membrane.—*History unattainable.*
20. Thickening and ulceration of the mucous membrane lining the Larynx.—*History unattainable.*
21. Larynx,—exhibiting œdema.—*History unattainable.*
22. Larynx,—exhibiting the adventitious membrane formed in Croup.—*History unattainable.*
23. Larynx,—exhibiting œdema; also enlargement of the Tonsils.—*History unattainable.*
24. Larynx,—exhibiting thickening of the Epiglottis.—*History unattainable.*
25. Larynx,—exhibiting the false membrane formed in Croup.—*History unattainable.*
26. Larynx, with lower Jaw attached,—exhibiting the result of an operation for the cure of a fistulous opening made in an attempt at suicide.—*Fort Pitt.*  
Thomas Holland, æt. 25, 36th Regiment, had attempted suicide by cutting his throat, seventeen months previous to admission into the General Hospital. At this period a circular opening, about an inch in diameter,

with callous edges, through which the Epiglottis was discernible, existed between the thyroid cartilage and the Os hyoides, by which, when the patient attempted to swallow fluids, a great part escaped. Four days after his admission, the following operation was performed:—A portion of integument was removed from below the chin, and adapted to the opening above described, to which it was secured by means of suture. This plan succeeded, as may be seen in the preparation. The man subsequently died of Phthisis pulmonalis.

27. Larynx,—exhibiting ulceration of its mucous membrane, which extends into the Trachea.—*History unknown.*

28. Larynx,—exhibiting an extensive wound made in the thyroid cartilage by a suicide, considerable œdema of the Glottis, and the Epiglottis completely detached.—*Chatham. Presented by Dr. Davies, E. I. C. Service.*

From a private of the East India Company's Infantry, who, being admitted into hospital with a slight attack of Cholera, the same evening began to evince symptoms of insanity. During the night he effected several irregular wounds in the thyroid cartilage with a blunt razor, through which fluids issued when attempts were made to swallow any, the Epiglottis being unable to prevent it. Life was sustained for some days by means of a stomach-pump. Post mortem examination discovered the state of parts above described.

29. Larynx,—exhibiting ulceration of the Rima Glottidis, as well as of the Velum pendulum palati.—*Presented by Dr. Kinnis, Assistant Surgeon to the Forces.*

30. Larynx and Trachea,—exhibiting extensive ulceration of their mucous lining.—*Fort Pitt.*

From John Hazlewood, æt. 31, 15th Regiment, who was admitted into the General Hospital with Phthisis pulmonalis, which commenced twenty months previously. After seven weeks' further suffering he died; and, on dissection, the Larynx and Trachea were found as above described, the Lungs tuberculated, and seven quarts of serous fluid effused into the cavity of the abdomen.

31. Larynx and Trachea,—exhibiting high inflammation of their mucous lining, with lymph effused on its surface.—*Ibid.*

From Michael Gollory, æt. 23, 54th Regiment, a

man of plethoric habit, who was admitted into hospital with premonitory symptoms of Rubeola, which terminated, at rather a late period, in that disease. On the receding of the eruption, his symptoms indicated evident determination to the chest, and, slightly, to the head also, for both of which he was actively, but unsuccessfully, treated. He died on the 17th day. On dissection, the bronchial membrane was found extremely inflamed, the traces of inflammation becoming more intense in its minute subdivisions. The posterior part of the left Lung was in a state of hepatization, as well as that of the right, though less extensively.

32. Larynx,—exhibiting well defined ulceration of its mucous tunic.—*Fort Pitt.*

From William Pitts, æt. 31, 84th Regiment, who, having been afflicted with pulmonic disease for four years, ultimately died of tubercular Phthisis.

33. Interior of the Larynx lined with copious deposit of Lymph.—*Ibid.*

From Isaac Graham, æt. 21, 31st Regiment, who was admitted with confluent Small-pox. About the eleventh day the mouth and Pharynx became covered with pustules: symptoms indicative of their extension into the Larynx also set in, (as viscid expectoration, cough, difficult deglutition, and urgent dyspnœa,) and continued in an aggravated form until his death, which took place on the fifteenth day. On examination post mortem, the principal internal morbid appearance was the state of the Larynx seen in the preparation.

34. Exhibits the effects of chronic Laryngitis; the Epiglottis and surrounding cellular substance œdematous; no vestige of the Chordæ vocales, but in their place an abundant, firm, fleshy deposit, protruding so much as nearly to obliterate the passage of the tube; at the back part of the cricoid cavity a large ulcerated cavern, with the cartilage bare, and involved in the process of exfoliation.—*Ibid.*

From William Trayner, æt. 27, Royal Staff Corps, who was admitted in August, 1829, with cough, difficult expectoration, severe pain in the Larynx and Trachea, and dyspnœa. Under these symptoms, in various degrees of aggravation, he lingered until the following February. On inspection after death, the state of parts described above was discovered; the Lungs, with the ex-

ception of one or two hard tubercular deposits on the left side, were unaffected by disease.—The case appears to have been one of laryngeal Phthisis simply.

35. Larynx, with copious deposit of lymph, and the remains of frequent clusters of pustules, apparent on its lining membrane.—*Portsmouth. Presented by Dr. Tuthill, Assistant Surgeon, 52nd Regiment.*

From a patient who died of Small-pox.

36. Larynx, ossified throughout.—*Fort Pitt.—History unattainable.*

37. Larynx,—exhibiting destruction of part of the lining membrane, and deposition of coagulable lymph.—*Malta.—Presented by Dr. Connell, Assistant Surgeon, Rifle Brigade.*

Taken from an infant, who died from the effects of this disease.

38. Exhibits ossification of the cartilages of the Larynx.—*Fort Pitt.—History unattainable.*

39. Larynx,—exhibiting extensive ulceration, and destruction of its mucous membrane.—*Presented by Mr. Whyte, Surgeon, 69th Regiment.*

From Corporal David Murphy, who, having been long affected with scrofulous ulceration in the neck, ultimately died of pulmonary Consumption.

40. Larynx,—exhibiting very deep and extensive ulceration of its internal surface.—*Bengal.—Presented by Dr. Burke, Inspector General of Hospitals.—History unattainable.*

41. Larynx, with great thickening of the Epiglottis, and extensive ulcers on both alæ of the thyroid cartilages; that on the right side communicating by a sinus between the thyroid and os hyoides with the external integuments of the neck.—*Corfu.—Presented by Dr. M'Munn, Assistant Surgeon, 10th Regiment.*

Taken from Daniel Boyle, æt. 20, 10th Regiment, who had laboured under difficult deglutition for two years, and was repeatedly near losing his life from the detention of morsels of food in the passages. He had been four years in the service, the greater part of that time in the Mediterranean.

42. Larynx, with a piece of detached bone imbedded in the



left side of its inner surface.—*Brighton.*—*Presented by Mr. Rogers, Surgeon, 10th Hussars.*

From John Price, æt. 34, 10th Hussars. He was admitted into Hospital with ulcers on the penis and tonsil, for which he underwent a three weeks' course of mercury, when the sore on the penis being healed, and that in the throat becoming worse, the medicine was omitted. At this time he was hoarse, and had stridulous, and subsequently sonorous respiration, with cough, and mucous expectoration. He died about a month after admission, somewhat unexpectedly. On dissection, the surface of the cervical vertebræ was found in a carious state. On opening the Larynx posteriorly, the piece of bone seen in the preparation was observed, occupying the site of the cricoid cartilage. It appears to be an anormal formation, and not an extraneous piece introduced in deglutition; as, on the most particular inquiry, there is no evidence that the man ever met with an accident of that kind.

## DIVISION II.—DISEASED STRUCTURE OF TRACHEA, &c.

1. Trachea and Bronchiæ,—exhibiting extreme ulceration of their mucous membrane; also enlarged conglobate glands at the bifurcation.—*Fort Pitt.*—*History unattainable.*

2. Trachea,—exhibiting an ulcer, which communicated with the Œsophagus.—*Ibid.*

From Luke Luxwell, æt. 25, 4th Regiment, who died in sixteen days after his return from the West Indies. After death an ulcerated opening, about half an inch in diameter, was discovered between the Trachea and Œsophagus; the Lungs were consolidated, and contained vomicæ in their substance; about a pint of fluid was effused into the cavity of the chest; and the mucous tunic of the small intestines was extensively ulcerated.

3. A Kidney-bean impacted in the Trachea of a child, whereby suffocation ensued.—*Halifax Museum.*—*History unattainable.*

4. Trachea,—the mucous membrane highly inflamed, the effect of Small-pox.—*Fort Pitt.*

From the same patient as No. 16, Division I.

5. Trachea,—exhibiting extensive ulceration.—*History unattainable.*
6. Trachea,—exhibiting a Bronchocele.—*History unattainable.*
7. Enlarged conglobate glands at the bifurcation of the Trachea.—*History unattainable.*
8. An opening between the third and fourth rings of the Trachea made in Tracheotomy; also an Abscess in the base of the Tongue.—*Presented by Dr. Kemlo.—History unattainable.*

9. Bronchial glands,—exhibiting abundant deposition of osseous matter.—*Fort Pitt.*

From William Burkin, æt. 35, 4th Dragoon Guards, who was treated for Phthisis pulmonalis, of which disease he ultimately died. On dissection, the Lungs were found studded with tubercles in every stage of maturation, the intervening tissue being inflamed.

10. Bronchial glands, presenting copious earthy depositions.—*Ibid.*

From John Rutledge, æt. 26, 1st Dragoon Guards, who, having for a long time been affected with pectoral disease, was admitted into the General Hospital with unequivocal symptoms of tubercular Phthisis, and died in a paroxysm of dyspnœa. On inspection, the Lungs presented tubercular deposition, and vomicæ: the ventricles of the Heart were in a state of active aneurism, and on the lining membrane of the left ventricle were two distinct cartilaginous patches. On adding an acid to a portion of the earthy substance, carbonic acid gas was freely evolved.

11. Exhibits the effect of high inflammation of the bronchial membrane, with grey hepatization of the pulmonic tissue.—*Ibid.*

From Serjeant M'Loughlin, æt. 30, 50th Regiment, who was admitted into Hospital on his arrival from the West Indies, with pulmonary Consumption; of which disease, after having been affected with the usual train and succession of symptoms, he eventually died.

### DIVISION III.—DISEASED STRUCTURE OF LUNGS, &c.

1. Portion of Lung,—exhibiting carnification.—*Fort Pitt.*

From Corporal James Wilkinson, æt. 38, 12th Regiment, whose case was a complication of pulmonic disease and Amentia. He was unable to give any account of himself. He sunk gradually under these complaints, having, for some time previous to death, passed his urine and fæces involuntarily.

2. Lung,—exhibiting large Vomicæ, a chalky concretion in its substance, and ossification on its surface.—*Ibid.*

From James Wells, 3rd Battalion, German Legion, who was received into the General Hospital, having a harassing cough, difficult expectoration, and oppressed respiration. Some time previous to death he coughed up particles of calcareous matter.

3. Lung,—consolidated from inflammation and miliary Tubercles.—*Ibid.*

Taken from John Buchan, æt. 42, 15th Regiment. He was admitted labouring under intermittent Fever. While under treatment for that disease he became affected with cough, pain of the chest, difficult respiration, and scanty expectoration. The post mortem examination proved that effusion had taken place into the left pleural cavity to the extent of about twenty ounces; and the Lung was found as exhibited in the preparation.

4. Portion of Lung,—exhibiting hepatization.—*Ibid.*

From John Wilson, æt. 39, 84th Regiment, who was admitted complaining of dyspnœa, and sense of constriction across the chest, as well as of erratic pains in various parts. After five weeks treatment he died; and on dissection, effusion was found to have taken place in both sides of the chest; both Lungs were extensively hepatized; and the Heart was enlarged, thickening of its mitral and semilunar valves having taken place.

5. Lung,—exhibiting large Vomicæ, which communicate with the Bronchiæ, and are traversed by bands.—*Ibid.*

From Thomas Robinson, æt. 23, 54th Regiment, who was admitted into Hospital with Phthisis pulmonalis, and died in four weeks. On dissection, the Lungs

were found tuberculated, and containing many large vomicæ, which were traversed by bands, and communicated with the Bronchiæ. The Os frontis was also carious, and the Cornea of one eye ulcerated.

6. Portion of Lung,—exhibiting hepatization.—*Fort Pitt.*

From Joseph Langden, a maniac, who, shortly after admission, was seized with difficult respiration, and other pectoral symptoms, under which he sunk. On examination, the Lungs were found as shown in the preparation.

7. Portion of Lung,—exhibiting carnification.—*Ibid.*

From Robert Hall, 24th Regiment, æt. 24, who was received into Hospital on his arrival from India, labouring under general disease of the osseous system, induced by the use of mercury in syphilis, and other diseases. On dissection, the Os frontis, as also the bones of the upper and lower extremities, were found, more or less, in a state of caries. Both Lungs were extensively consolidated.

8. Lung,—exhibiting Vomicæ with cysts of cartilaginous structure.—*Ibid.*

Taken from Serjeant Plumer, æt. 36, 60th Regiment, who was admitted, from the West Indies, in the last stage of Consumption, with which disease he had been afflicted for a year and a half. After eight days' treatment, death ensued. On dissection, the Lungs were found to contain many vomicæ with cartilaginous cysts, the intermediate structure being consolidated.

9. Sac of an Abscess situated between the inferior lobe of the Lung and the Diaphragm.—*History unattainable.*

10. Pleura,—exhibiting thickening; a portion of Lung attached.—*Fort Pitt.*

From James Conolly, æt. 38, 67th Regiment, who was invalided from India on account of a chronic pectoral affection. He died on the day of his reception into Hospital. On dissection, the Lungs were found to be extensively diseased.

11. Pleura,—exhibiting ossification on its external surface; the Lung consolidated, and adhering to it.—*Ibid.*

From Richard Burbridge, æt. 55, 30th Regiment, who was admitted in a state of insensibility, and died in two hours. On examination after death, a considerable

quantity of blood was found effused between the Brain and dura mater; and osseous depositions were discoverable in the Pleuræ and Diaphragm.

12. Lung,—exhibiting consolidation.—*Fort Pitt.*

From Samuel Bishop, æt. 38, Royal African Corps, who was received into Hospital with symptoms of Pneumonia, and died on the subsequent day. On dissection, the Lungs were found extremely hepatized, and the Bronchiæ inflamed.

13. Section of Lung,—exhibiting miliary Tubercles.—*History unattainable.*

14. Lung,—exhibiting the sacs of large Abscesses communicating with the Bronchiæ: the Pleura thickened.

15. Section of right Lung,—exhibiting a large Vomica, traversed by bands.—*Fort Pitt.*

From Joseph Benison, æt. 28, 7th Regiment, who, having been treated for a glandular tumour in the left groin, some time subsequent to admission was attacked with symptoms of pulmonary Consumption, of which, after five months' suffering, he died.

16. Section of Lung,—exhibiting consolidation.—*Ibid.*

Taken from John Fox, æt. 37, 8th Regiment, who having been admitted into Hospital under a violent attack of Pneumonia, notwithstanding the most active treatment, died on the fifth day. *Section Cadaveris:* The right Lung was sound; the left had formed adhesions to the surrounding parts, and was completely consolidated.

17. Lung,—exhibiting a large and irregular excavation.—*Ibid.*

From Serjeant Allan, æt. 36, 84th Regiment, who, having been phthisical for two years previous to his admission, died after seven weeks' treatment. On dissection, the right Lung was found as shown in the preparation: the foramen ovale of the Heart was pervious. (Vide *Circulation*, Division I. No. 6.)

18. Osseous deposit between the Diaphragm and Lung, the latter consolidated.—*History unattainable.*

19. Section of consolidated Lung,—exhibiting vomical cysts of cartilaginous structure.—*Fort Pitt.*

From John Coulter, æt. 48, 4th Veteran Battalion, who had formerly suffered much from pectoral affec-

tions, and was admitted with symptoms of Phthisis pulmonalis, of which disease he soon after died. On dissection, the Lungs were found to contain tubercles and vomicae.

20. Lung,—exhibiting a very large Vomica, traversed by many bands.—*Fort Pitt.*

From John Tattersal, æt. 36, 22nd Regiment, who was admitted under symptoms of hectic fever. Being fatuous, the nature of his disease could not be distinctly ascertained. He continued under treatment for nine months before death took place. On dissection, the left Lung was found as seen in the preparation.

21. Lung,—exhibiting consolidation.—*Ibid.*

From Jeremiah Hodge, æt. 40, 9th Regiment. He had been four months under treatment in the General Hospital for symptoms of Phthisis pulmonalis, and had been discharged in an improved state of health. After some time he was re-admitted labouring under fever, which terminated his existence on the fifth day. On dissection, effusion was found to have taken place between the membranes covering the Brain, and in the ventricles: the right Lung was sound, the left hepaticized.

22. Portion of Lung,—exhibiting consolidation.—*Ibid.*

Taken from John Chrystal, æt. 40, 66th Regiment, who died of fever on the ninth day. On examination, effusion was observed to have taken place into the cavities of the Brain; and the right Lung was consolidated.

23. Portion of Lung,—exhibiting hepatization; the Pleura costalis thickened and adherent.—*Ibid.*

From John Hammond, æt. 43, 73rd Regiment, who, having been admitted into Hospital with symptoms of acute catarrh, died on the eighth day of Pneumonia. On dissection, it was found that effusion had taken place into the tissue of the left Lung; and the right, of which the preparation is a portion, was hepaticized.

24. Root of Lung,—exhibiting a large Vomica lined by a false membrane.—*Presented by Surgeon Burke, Rifle Brigade.—History unattainable.*

25. Portion of Lung,—exhibiting consolidation, and miliary Tubercles.—*Fort Pitt.*

From Thomas Davies, æt. 36, 59th Regiment, an in-

valid from India, received into Hospital with symptoms of dysentery. In three weeks he died; and, on dissection, it was discovered that the inner surface of the Colon was extensively ulcerated; that effusion had taken place into the left side of the chest; and that the Lung of that side was in the state above described.

26. Portion of Lung, thickly studded with Tubercles in different stages of maturation.—*Presented by Surgeon Burke, Rifle Brigade.—History unattainable.*
27. Lung,—studded with granular Tubercles; the Pleura thickened and agglutinated by an intervening substance.—*Fort Pitt.—History unattainable.*
28. Portion of Lung,—its substance condensed by the existence of numerous crude Tubercles.—*York Hospital, Chelsea.—History unattainable.*
29. Portion of Lung,—exhibiting Tubercles and Vomicæ.—*York Hospital, Chelsea.—History unattainable.*
30. Bronchial glands, much enlarged.—*Presented by Assistant Surgeon Henderson, 78th Regiment.*
31. Portion of Lung,—exhibiting numerous Tubercles and Vomicæ; also the mucous lining of the Bronchiæ extensively ulcerated.—*Fort Pitt.*

From Corporal M'Adams, æt. 30, 10th Regiment. He had been for six months under treatment, in his Regimental Hospital, with a pectoral affection; after which he was transferred to the General Hospital, labouring under symptoms of confirmed Consumption, and died at the expiration of five weeks. On dissection, the mucous tunic of the Trachea and Bronchiæ was found extensively ulcerated; the Lungs abounding in tubercles and vomicæ; and both the small and large Intestines manifesting, in various parts, marks of ulceration.

32. Left lung,—exhibiting compression produced by the existence of air and fluid in the cavity of the Pleura.—*Ibid.*

Taken from Patrick Calnon, æt. 28, 50th Regiment. Admitted, on his arrival from Jamaica, May 9th, 1823, labouring under pectoral disease, the result of an injury received eighteen months before, which had produced hæmoptysis. On the 13th, after a violent fit of coughing, he was seized with a sense of constriction in the chest and abdomen, and rapid and difficult respiration; pulse small, 130; heart pulsating under the right mamma,

and great mental agitation. On measurement, the left thorax proved to be larger than the right, and a hollow, tympanitic sound was elicited from it on percussion. These symptoms affording strong presumption that air was contained in the left pleural sac,—on the 21st the operation for Empyema was performed between the eighth and ninth ribs, when only five cubic inches of air were collected, and the relief to the symptoms was inconsiderable. On the following morning, therefore, the operation was repeated immediately below the nipple, and upwards of twenty-five cubic inches of air (containing ninety-three parts of azotic gas, and seven of carbonic acid,) were collected. The relief now afforded was great and immediate, and the patient for some time improved in health; but on the 5th of June, he was again attacked with dyspnœa, and other urgent symptoms. By the 15th, fluctuation could be discerned in the same cavity. The symptoms becoming yet more aggravated, on the 25th the operation of Paracentesis Thoracis was again performed, by passing a trocar and canula through the substance of the fifth rib (*Vide Class III. Locomotion. Division IV. No. 5.*), when twenty-four ounces of serous fluid were obtained. The canula, furnished with a stopper, being allowed to remain, fluid, which daily became more puriform, was constantly discharged to the amount of several pounds; and gas (nearly in the same proportions as already stated,) was collected in large quantities at different periods. Hectic fever being induced, the patient sunk gradually; his feet became œdematous; and on the 29th of July he suddenly expired.

*Sectio Cadaveris :* The Heart was thrust over towards the right side of the chest; the Pericardium contained three ounces of fluid; the right Lung was slightly compressed by the Heart, and adhered to the Sternum by a band of lymph, which crossed the Pericardium; and the substance of the Lung contained miliary tubercles. On the left side was a cavity nearly empty; the Lung was much compressed; when inflated, three different openings were discovered in it, by which air had escaped into the pleural cavity. The Pleura was thickened, and coated with lymph. The Liver was of a dark colour; the Gall-bladder large, and contained a small quantity of pale bile; the small and large Intestines exhibited signs of former inflammation; and the cellular membrane of the extremities was loaded with serum.



33. Portion of Lung—consolidated, and containing two small Vomicæ.—*Fort Pitt.*—*History unattainable.*

34. Cyst attached to the costal Pleura, and filled with hydatids.—*History unattainable.*

35. Portion of the inferior lobe of the left Lung,—exhibiting hepatization from inflammation.—*Chatham.*—*Presented by Dr. Skey, Deputy Inspector General of Hospitals.*

The patient, a boy, æt. 12, was attacked by acute Carditis, with fatal termination in fourteen days. On examination after death, a stratum of organized lymph, the sixteenth of an inch in thickness, was found to connect the Heart universally to the Pericardium (*Vide Circulation. Division I. No. 51.*); and the inferior lobe of the left Lung was in the state above described.

36. Section of the left Lung,—exhibiting Tubercles, Vomicæ, and hepatization.—*Fort Pitt.*

From Simon Woodstock, æt. 40, 67th Regiment, who had laboured under difficulty of breathing, and dry cough, for a year previous to his leaving India, where he had suffered from hepatic disease, and had used much mercury. On admission into the General Hospital, he laboured under symptoms of chronic Laryngitis, and Phthisis pulmonalis, from the effects of which he gradually sunk. On dissection, the mucous membrane of the Larynx was discovered to be ulcerated and thickened; the Epiglottis half-consumed by ulceration (*Vide Division I. No. 12.*); and the Lungs, particularly the left, extensively indurated, tuberculated, and ulcerated.

37. Portion of Diaphragm, immediately above the Spleen,—exhibiting deposit of bony matter.—*France.*—*Presented by Assistant Staff Surgeon Twining.*

From ——— Brown, a baggage master attached to the Army of Occupation in France, who, having fallen from his horse when intoxicated, was carried home in a state of insensibility, and died in the night. It was afterwards discovered that his skull was fractured; and four ounces and a half of semi-coagulated blood were effused between the dura mater and arachnoid. Deposits of bone were also discovered in many parts of the Aorta (*Vide Circulation. Division II. No. 7.*), as well as in the portion of Diaphragm which forms this preparation.

38. Portion of Pleura,—exhibiting an osseous deposit.—*History unattainable.*

39. Portion of Lung,—exhibiting pulmonary Apoplexy.—*History unattainable.*

40. Adventitious cartilaginous substance, gluing the Pleura costalis and pulmonalis together.—*Albany Hospital, Isle of Wight.*—*History unattainable.*

41. Portion of Lung, thickly studded with crude Tubercles; the Pleura tuberculated, thickened, and adherent.—*Albany Hospital, Isle of Wight.*

From the same subject as No. 40.

42. Right Lung,—exhibiting condensation and numerous irregularly-shaped cavities.—*Fort Pitt.*

From Thomas Probert, æt. 22, 38th Regiment, a young man of scrofulous habit, who was admitted for disease of the hip-joint, on which phthisical symptoms soon supervened. From the commencement of the pectoral affections, the progress of the original complaint appeared to be suspended, his suffering being derived altogether from the morbid condition of the chest, and, latterly, of the abdomen. He lingered in Hospital twelve months before he died. On dissection, the right Lung exhibited the appearance shown in the preparation; the Liver was enlarged; the Spleen lobulated (*Vide Class II. Secretion. Division III. No. 9.*), and situated on the right side of the spinal column, the Cæcum being lodged in the left iliac fossa; and the small and large Intestines presented tubercular ulceration of their inner coats. A large scrofulous ulcer was found in the substance of the left internal iliac muscle, having no connexion with the cavity of the hip-joint, the soft parts surrounding which were matted together by lymph. An abscess of moderate size was detected in the Gluteus maximus near its insertion, communicating with the inferior part of the hip-joint; and the head of the Femur, and the cavity of the Acetabulum, were extensively ulcerated, the cartilaginous covering of the bones being almost totally destroyed.

43. A mass of enlarged bronchial glands situated at the bifurcation of the Trachea, and immediately behind the arch of the Aorta.—*Ibid.*

From Morris Lanegan, æt. 25, 67th Regiment. On admission, he had cough, dyspnœa, and pain in the chest; also diarrhœa. After death, effusion into the right side of the chest was discovered; the same Lung

was collapsed; the left healthy; and the bronchial glands as seen in the preparation.

44. Left Lung consolidated, and containing numerous large and irregular Vomicæ, having firm cysts, and communicating freely with each other, and with the bronchial tubes.—*Fort Pitt.*

From William Regan, æt. 23, 60th Regiment. While serving in the West Indies he had several attacks of pectoral disease, for which he was eventually invalided. On his arrival at home he complained of cough, attended with oppressed breathing, and pain under the left breast, where the stethoscope, together with percussion, indicated that the Lung was impervious to air. During his sickness he was subject to periodical attacks of urgent dyspnœa, and, latterly, hectic was superinduced, accompanied by a copious expectoration of fetid, puriform fluid, which, for some time previous to death, was coughed up in large quantities, and commonly tinged with blood. On dissection, the right lung was found adherent to the parietes of the chest, and its substance contained many miliary tubercles; the left adhered firmly, and universally, to the costal pleura, its bulk being diminished, its substance consolidated, and containing many irregular and considerable vomicæ, which communicated freely with each other, and with the bronchial tubes. The cysts of these cavities were of firm consistence, and their internal aspect presented a dark red appearance. The Heart was somewhat enlarged, and its parietes attenuated.

45. Portion of Diaphragm,—exhibiting deposition of cartilaginous substance.—*Ibid.*—*History unattainable.*
46. Left Lung,—exhibiting tubercular degeneration, and Vomicæ lined with a fine membrane; carneous bands intersecting the inferior cyst.—*Ibid.*

From John Rogers, æt. 20, 54th Regiment, a patient with cough and pain of the breast, for which he had been freely bled at different times with temporary relief. Subsequently debility ensued, the thoracic pain continued, with increased cough and dyspnœa, purulent expectoration, and all the symptoms of hectic fever depending on confirmed pulmonary Phthisis, of which he died.

47. Lung converted throughout into a mass of caseous matter.—*Ibid.*

From John Coulands, æt. 19, 51st Regiment, who died of Phthisis pulmonalis. On dissection, the right Lung was found studded with scrofulous deposits, the Pleura being in a state of tubercular degeneration, but free from adhesions; the interposed cellular tissue sound. The left Lung was universally adherent to the thoracic parietes, and converted throughout into a mass of caseous matter, without a vestige of its original structure. The Peritoneum was tuberculated. (Vide Class II. *Digestion*. Division III. Nos. 49. and 50.)

48. Is an example of pulmonary Apoplexy.—*Fort Pitt*.

From Thomas Twinam, 40th Regiment, æt. 26. He was admitted into his Regimental Hospital labouring under pectoral disease, which, at first, was supposed to be incipient Phthisis. In a short time dropsical effusion taking place, particularly in the lower extremities, he was transferred to the General Hospital, where it was noted that the disease was dropsy, depending upon organic lesion of the Heart. No irregularity was observed in the pulse, but the carotids pulsated with unusual violence. The ordinary treatment was adopted without advantage, and death ensued. The Lungs were sound, except the appearance represented in the preparation; the Heart diseased. (Vide *Circulation*. Division I. No. 65.)

49. Apoplexy of the Lung.—*Ibid*.

50. Portion of right Lung and thoracic parietes,—exhibiting adhesions of the Pleuræ, and a large cavity intersected by fleshy bands; the anterior part of the organ completely converted into scrofulous matter.—*Ibid*.

From William Barry, 77th Regiment, æt. 28, who became affected with melancholy, while serving in Jamaica. He was admitted into the General Hospital, on arrival in England, with confirmed Phthisis, of which he soon died. On dissection, besides the pulmonary disorganization exhibited in this and the following preparation, the Cæcum and Colon were affected with tubercular ulceration.

51. Left Lung,—showing every stage of tubercular degeneration.—*Ibid*.

From the same subject as the preceding preparation.

52. Section of Lung,—consolidated, and exhibiting a deposition

of lymph, in a lace-like form, on the surface of the Pleura.—*Fort Pitt.*

From Thomas Jones, 46th Regiment, æt. 30, who was admitted with common continued Fever of two days standing. The following day symptoms of thoracic congestion set in, which did not yield to antiphlogistic remedies; and the course of the fever continuing, accompanied by increase of cough and dyspnœa, the sensorium became affected, and he sunk on the tenth day of the disease. Post mortem examination exhibited a highly inflamed state of the bronchial lining, and tubercular deposits in many parts of the Lungs. The cavity of the right Pleura contained about a quart of serous fluid.

53. Portion of Lung,—carnified, and exhibiting a pseudo-membranous crust on the surface of the Pleura.—*Ibid.*

From the same subject as the preceding preparation.

54. Section of the right Lung,—exhibiting phlegmonoid purulent cysts.—*Ibid.*

From John Landrigan, 54th Regiment, æt. 22, who was admitted into Hospital with slight febrile symptoms. Shortly after a pectoral affection supervened, and he was suddenly attacked with rigors, succeeded by faintings and cold perspirations. He then became somewhat better; but in a few days was again attacked by the same train of symptoms, which recurred many times with different degrees of violence until his dissolution, in two months from the accession of the disease. After death, two small abscesses were discovered in the Liver, besides those in the Lung. The lesion in the latter organ was totally unaccompanied by tubercular degeneration.

55. Portion of the right Lung,—consolidated, extremely vascular, and exhibiting a small abscess.—*Ibid.*

From the same subject as the preceding preparation.

56. Right Lung,—exhibiting tubercular infiltration, extensive Vomicæ, and thickening of the Pleura.—*Ibid.*

From the same subject as No. 11. Division II.

57. Left Lung,—in a state of collapse, and exhibiting a thick pseudo-membranous deposit on the surface of the pulmonary and costal Pleuræ.—*Ibid.*

From Serjeant Logan, æt. 35, 85th Regiment, who had served in the West Indies, and Malta. He was admitted into the General Hospital with peritoneal

dropsy, and chronic Hepatitis, under which diseases his constitution gave way. *Autopsia*:—The left thoracic cavity contained about two quarts of fluid, the Lung was compressed against the mediastinum, and the whole surface of the Pleura was coated with the cartilaginous adventitious membrane seen in the preparation. The peritoneal cavity contained a large quantity of fluid; the mucous tunic of the Intestines was inflamed, and covered with copious deposits of lymph. (Vide Class II. *Digestion*. Division III. No. 54.)

58. Portion of Diaphragm, the pleural surface of which is coated with a layer of newly-formed lymph.—*Fort Pitt*.

From John Hurlibey, 87th Regiment, who was admitted with the usual symptoms of Phthisis pulmonalis, accompanied by acute pain in the right hypochondrium. He soon sunk under the attending hectic fever. On dissection, the Lungs were found to be studded with crude tubercular matter and vomicæ, the interposed tissue being œdematous. The right pleural bag contained about a quart of turbid serum, and the membrane was coated with a soft pseudo-membranous deposit, as represented in the preparation. The whole tract of Intestine was more or less affected with ulceration. The Liver was granular, of a brown colour, and much diminished in size: the Gall-bladder contained a calculus about half an inch in diameter. (Vide Class II. Division III. Nos. 65, and 66.)

59. Portion of Lung,—exhibiting enlargement of the air-cells.—*Ibid*.

From John M'Cann, 95th Regiment, æt. 28, who had been, for two years, more or less affected with dyspnœa, cough, and expectoration. The most urgent symptoms, on admission, were distressing dyspnœa, purulent expectoration, and debility, which continued to increase to the period of his dissolution. On opening the thorax, the Lungs did not collapse, being in a state of emphysema, with a prodigious number of dilated pulmonary vesicles presenting beneath the Pleura. In the apex of the right Lung was a vast cyst, lined with a tough, cartilaginous membrane; the pulmonary parenchyma in the vicinity was healthy. In the posterior parts of the Lungs were some crude tubercular deposits, surrounded by inflamed and engorged pulmonary tissue.

The Heart afforded a good instance of passive aneurism of all its chambers.

60. Portion of right Lung,—exhibiting a vast tubercular excavation, lined by a tough semi-cartilaginous membrane, in which are several openings of bronchial tubes.—*Fort Pitt.*

From the same subject as the preceding preparation. The parietes of this cyst were so adjusted as only to allow of room for about half an ounce of grumous blood, indentations on the surface of the Lung denoting the extent and situation of the cavity.

61. Exhibits thickening of the costal Pleura, from deposition of lymph on its serous surface. The adventitious membrane had acquired very considerable toughness.—*Ibid.*

From Michael Stapleton, 14th Regiment, æt. 21, who had been treated for a pulmonic affection about eight months previous to his death. Five months afterwards, he was admitted into the General Hospital with epilepsy, and paralysis of the right arm. The paroxysms of the former were frequent: he had also diarrhœa. At length the animal and sensorial powers diminishing, torpor supervened, and he became emaciated, notwithstanding the liberal use of nutriment, which a voracious appetite rendered imperative. He then became affected with coma, the pupils were dilated and insensible to the stimulus of light, and strabismus succeeded; after which he soon died. On dissection, the dura and pia mater were adherent. The lateral ventricles contained four ounces of limpid fluid. The cerebral substance was softer than usual, and in dividing the left hemisphere, several deposits of a yellowish tinge, and moderately-firm texture, presented in the middle lobe. Similar substances, but of smaller size, were discovered in the right hemisphere, and in the Cerebellum. In the chest, the upper and posterior part of both Lungs was agglutinated to the contiguous ribs, by a firm adventitious membrane between the layers of the Pleura, the inferior free portion of the sacs being distended with about a quart of turbid fluid, and the serous surface of the membrane coated with lymph, as seen in the preparation. The substance of the Lungs contained a few miliary and crude tubercles; and the bronchial glands presented tubercular deposit. The whole of the abdominal viscera were matted together by adhesion. The Peri-

toneum presented many tubercular accretions. The Kidneys also contained tubercular deposits. (Vide Class II. Division III. No. 60.—Class III. *Sensation*. Division I. Nos. 28, 29, and 30.)

62. Duplicate of the preceding preparation—*Fort Pitt*.

63. Section of Lung,—exhibiting enlargement of the air-cells, and crude tubercular deposit.—*Presented by Mr. Gulliver, Assistant Surgeon to the Forces*.

From a middle-aged man, who died of Phthisis. The most distressing symptom during life was constant dyspnœa, to such a degree that a “roaring” was audible at a considerable distance. The Lungs presented many crude and mature tubercles, with consolidation of the intervening substance, except at the inferior part of the right Lung, which was as represented in the preparation. The cysts beneath the Pleura appear to have been produced by the rupture of the boundaries of many air-cells. The bronchial tubes were completely filled with tenacious muco-purulent matter.

64. Portions of Lung,—exhibiting well-defined deposits of medullary matter.—*Ibid*.

From Samuel Burn, æt. 34, 4th foot. While at Lisbon, his right Testis was extirpated, on account of a cancerous affection. Two days after the operation he embarked for England, and, on arrival, was admitted into the General Hospital. The wound at that time was healthy, and partially cicatrized. In a few days, however, he began to complain of headache, his countenance became cadaverous, and an unhealthy cauliflower-like fungus sprouted up from the sore, the surrounding parts being livid and indurated. An abundant, fetid, sanies was now discharged, the diseased growth rapidly extended, the whole Scrotum and part of the Penis became involved, superficial sloughs formed, and the patient was finally worn out after five months sojourn in Hospital. He never complained of any thoracic affection. The preparation exhibits very good examples of the encephaloid tumours of French authors. These deposits possess no capsules, but appear to be in immediate contact with the contiguous healthy pulmonic tissue; they are of soft, pulpy texture, approaching very nearly the structure of the foetal brain.

65. Duplicate of the preceding preparation—*Ibid*.



66. Section of Lung,—exhibiting miliary and crude tubercular deposits, with consolidation of the interposed tissue. Small Vomicæ are also displayed. The preparation is minutely injected, and the pulmonic tissue presents the highest vascularity. It is doubtful whether any of the injection has entered the tubercular matter, as the small red puncta appearing in some of the deposits may be remnants of pulmonary parenchyma.—*Fort Pitt.*

From Patrick M'Guffick, 61st Regiment, æt. 25, who was fifteen weeks under treatment, with all the symptoms of confirmed Consumption, under which he sunk.

67. Portion of Lung,—condensed, and presenting different stages of tubercular deposit. The bristle denotes the communication between a bronchial tube and small Vomicæ. In this preparation an attempt has been made to inject the Tubercles. The false friable membrane which lined the excavations having been washed away, it will be seen how highly vascular their parietes are. An accurate examination will show that the injection has penetrated to the very centre of some small Tubercles, a phenomenon certainly not produced by a transverse section of an injected blood-vessel.—*Ibid.*

From a middle-aged man, who died of Phthisis.

68. Portion of left Lung, exhibiting miliary Tubercles, some of which have coalesced, and, in one situation, a Vomicæ is formed, which is lined by highly vascular parietes. The preparation is minutely injected; but the tubercular matter exhibits no unequivocal traces of vascularity.—*Presented by Mr. Gulliver, Assistant Surgeon to the Forces.*

From an abandoned female, æt. 17, who died of a very rapid Phthisis.

69. Section of the left Lung, exhibiting several irregular excavations, and consolidation of the contiguous tissue by abundant tubercular infiltration. The preparation exhibits a well-marked example of gray hepatization.—*Fort Pitt.*

From Donald Grant, æt. 26, sent home from the West Indies, where he had served seven years, on account of Phthisis. When admitted, he was affected with pain of the chest, dyspnœa, and copious muco-sanguinous and, subsequently, purulent, expectoration, under

which he gradually sunk, and died. On dissection, the right Lung was also found similarly affected, but in a less degree. The left ventricle of the Heart was dilated, and its parietes thickened. The mesenteric glands were enlarged and fleshy.

70. Section of the right Lung,—much consolidated by the inflammatory process.—*Fort Pitt.*

From William Springate, æt. 39, Royal African Corps. He had frequent attacks of remittent fever in Africa, where he had served twelve years. On admission, he had pectoral pain, respiration quick and anxious, rapid pulse, and other hectic symptoms, which, with incessant diarrhoea, soon destroyed him.

71. Duplicate of the preceding preparation.—*Ibid.*

72. Portion of left Lung,—converted into cartilaginous substance.—*Ibid.*

From a soldier, æt. 36, who had been many years affected with Phthisis pulmonalis, of which he ultimately died. The Lungs were, nearly throughout, tuberculated, excavated, and consolidated; and the posterior part of the left Lung had undergone the cartilaginous transformation exhibited in the preparation.

73. Portion of left Lung,—exhibiting a fibro-cartilaginous investment of vast thickness.—*Ibid.*

From a man, who, having many years suffered from the sequelæ of Pleuritis and Pneumonia, ultimately died of Phthisis pulmonalis.

74. Presents a very abundant deposition of lymph on the costal and diaphragmatic Pleuræ.—*Ibid.*

From Henry Humphries, 1st Regiment, æt. 23, a phthisical patient. On admission into the General Hospital, he was affected with cough, dyspnoea, and mucous expectoration, accompanied by frequent palpitations, and spasmodic pains of the chest, all of which symptoms became aggravated to the period of his dissolution. On dissection, the left Lung was found agglutinated to the surrounding parts by a very thick semi-cartilaginous, adventitious mass. The right was collapsed, and the pleural cavity of that side contained two quarts of well-formed pus.

75. Portion of Diaphragm,—exhibiting a pseudo-membranous

deposit on its pleural surface, and an adventitious process of lymph attached by a slender peduncle to the serous membrane.—*Ibid.*

From the same subject as Nos. 60 and 61.

76. Conical Cyst,—projecting from the Diaphragm into the left pleural bag.—*Portugal*.—*Presented by Mr. Ford, Assistant Surgeon to the Forces.*

From a man of the 60th Regiment, who died from the bursting of an aortal aneurism into the right Lung. The Cyst had the appearance of a diaphragmatic hernia; its serous surface was vascular, and its weight equal to an ounce and a half. When punctured, about an ounce of an extremely tenacious fluid, of a muddy colour, escaped.

77. Portion of Lung,—exhibiting tubercular infiltration, the process of softening having commenced in the centre of the mass.—*Fort Pitt.*

From John Breathing, 60th Regiment, affected with mania. His health declined for four months previous to his death, during which he presented a state of atrophy without any well-defined morbid disorganization. On inspection, many small masses, similar to that in the preparation, were discovered, without any appearance of miliary tubercle. The thoracic Aorta was diseased. (*Vide Circulation. Division II. No. 49.*)

78. Lungs of a Monkey,—affected with tubercular Phthisis, in all its stages.—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*

The animal died at the Cape of Good Hope, having had symptoms indicative of the disease for many months.

79. Gangrenous Lung.—*Ibid.*

From James Bevan, 10th Regiment, æt. 27, who was sent home from Portugal in the last stage of Phthisis. He was admitted in a moribund state, and died on the evening of the day of his admission. On examination, the upper lobe of the left Lung was found converted into a large cavity, filled with black, and very fetid, matter, and containing also a large, black, solid slough, which adhered, at one part, to the walls of the cavity. The other Lung contained many crude tubercles.

80. Portion of right Lung,—with a large excavation in the apex, and a considerable bronchial tube opening immediately into it.—*Ibid.*

From John Arundel, æt. 40, 62nd Regiment, who, for some time previous to death, evinced unequivocal symptoms of Phthisis pulmonalis. On dissection, the right Lung was found loaded with tubercular matter in an advanced stage; the left had a few miliary tubercles towards the apex.

81. Exhibits adhesions between the Pericardium and Lung, and between the latter and the costal Pleura.—*Malta.*—*Presented by Mr. Lightbody, Surgeon, 80th Regiment.*—*History unattainable.*

82. Portion of Lung,—the investing Pleura of which was raised by a collection of air, and greatly thickened.—*Ibid.*—*Presented by Dr. White, Assistant Surgeon to the Forces.*

The man from whom this preparation was taken died of tubercular Phthisis. The cavity did not communicate with the Bronchiæ.

83. Portion of the lower lobe of the left Lung,—exhibiting a large earthy deposit.—*Fort Pitt.*

From James M'Goff, æt. 38, 43rd Regiment, who had hemiplegia for six months previous to death. On examination, the Lungs were healthy, with the exception prepared. The lining membrane of the arch of the Aorta had some atheromatous patches beneath it.

84. Portion of Lung,—exhibiting dilatation of one or more air-vesicles.—*Ibid.*—*History unattainable.*

85. Portion of left Lung,—with much deposit of yellowish cheesy matter at its base.—*Ibid.*

From Joseph Price, æt. 27, 19th Regiment, who was sent home from the West Indies for pulmonary disease, having previously suffered from dysentery and hepatitis. He lingered upwards of six months in Hospital, before he died. On post mortem examination, cheesy tubercles were found in the Lungs, but only one vomica. The left Lung was much carnified, and the bronchial ramifications very red.

86. Portion of right Lung,—exhibiting the same appearance as the preceding preparation, but in a less degree.—*Ibid.*

From the same subject as No. 85.

87. Pleura costalis greatly ecchymosed,—and lined at many parts with thin layers of coagulated blood.—*Ibid.*

From Edward M'Cabe, æt. 23, 89th Regiment, who was landed from India, and admitted into Hospital, dying from Scorbutus, the prominent symptom being orthopnœa. He died in twelve hours after admission. On examination, about three pints of sanguinolent fluid were found in both pleural bags, with loose coagula at the back part. The Pleura pulmonalis was, at many parts, covered with coagulable lymph, and the Pleura costalis presented the appearance seen in the preparation. The Lungs were much compressed. Both the small and large Intestines exhibited petechiæ on their external surface: and there were also numerous petechial spots on the legs and thighs.

88. Portion of Lung,—exhibiting a phlegmonous abscess.—*Presented by Mr. Orr, Assistant Surgeon, 8th Light Dragoons.*

From a youth, æt. 18. He had complained of dyspnœa for some time before his death, but was never seriously indisposed. He died while on a journey. On examination post mortem, it was found that an abscess in the right Lung had burst into the pleural bag, which contained about eight pints of a puriform fluid. The left Lung was perfectly healthy, as were the other viscera. In the section of the affected Lung displayed in the preparation there is no appearance of tubercle.

89. Portion of left Lung,—exhibiting large masses of scrofulous matter deposited in its substance.—*Fort Pitt.*

From a medical Officer, æt. 27, who was for several years a martyr to Cachexia syphiloidea. At length a carbuncle, encouraged by the depraved state of his constitution, appeared in the centre of the right arm, and, ultimately, involved the great vessels in its sloughing course. Alarming hæmorrhages taking place, a ligature was placed on the brachial artery with temporary success: but the bleedings again returning to such amount as to threaten his immediate existence, the limb was removed. At the end of a few weeks, when the stump was nearly healed, he sunk from the course of the original disease, in a dreadful state of emaciation.

90. Portion of Lung,—exhibiting on its surface tubercular deposit.—*Malta.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

From a man who was drowned. The deposition consisted of animal matter and phosphate of lime.

91. Portion of Diaphragm,—exhibiting a solution of continuity.—*Ibid.*—*Presented by Mr. Smyth, Assistant Surgeon, 85th Regiment.*

From a soldier of the 85th Regiment, who was killed by a fracture of the skull. On dissection, seventeen hours after death, an extensive solution of the great arch of the stomach was found, as well as the phenomenon exhibited in the preparation. Part of the contents of the stomach were found in the left pleural cavity.—(Vide Class II. *Digestion.* Division II. No. 26.)

92. Exhibits the right Lung, very much compressed.—*Ibid.*—*Presented by Mr. O'Brien, Assistant Surgeon, 7th Fusileers.*

From a soldier of the 7th Fusileers. A considerable quantity of fluid was effused into the right Thorax.

93. Portion of costal Pleura, exhibiting extensive deposition of coagulable lymph.—*Ibid.*—*Presented by the same.*

From the same subject as the preceding preparation.

94. Portion of diaphragmatic Pleura,—exhibiting deposition of lymph in a tuberculated form.—*Ibid.*—*Presented by the same.*

From the same subject as the two preceding preparations.

95. Exhibits the left pleural cavity enlarged, and the Lung very much compressed, with a portion of organized lymph adherent to its lower margin; the surface of the Pleura covered throughout with a thick layer of coagulable lymph.—*Fort Pitt.*

From James Stewart, 25th Regiment, æt. 26, who had laboured under an asthmatic affection for several months. On admission, his appearance was worn, and his form emaciated: he had severe dyspnœa, cough, and expectoration: he sunk in a state of extreme exhaustion. On dissection, the left Lung and pleural lining were found as above described: the cavity contained three pints of sero-purulent fluid. The Heart was small and flaccid, and pushed over towards the right side.

96. Left Lung,—exhibiting large Vomicæ traversed by bands; the costal Pleura adherent.—*Ibid.*

From Michael Glynn, 73rd Regiment, æt. 26. He had been subject to hæmoptysis for some months previous to admission; at which period he complained of

cough and thoracic pain, and expectorated pus. Three months previous to death, after a paroxysm of coughing, he discharged from the chest five pounds of blood. From this time the disease advanced till it proved fatal. On dissection, the right Lung was discovered to be adherent at the apex, and contained some tubercular deposition, and a small vomica, at the upper part: the left had formed adhesions throughout its entire surface, and was otherwise disorganized, as shown in the preparation.

97. Portion of the inferior lobe of the left Lung,—exhibiting Emphysema.—*Ireland.*—*Presented by Mr. Cavet, Assistant Surgeon, 97th Regiment.*

From James Nicholls, 97th Regiment, æt. 20, who died of Icterus.

98. Exhibits the whole of the left Lung and Pleura, the former very much compressed, the latter thickened, and covered with a layer of lymph.—*Fort Pitt.*

From Neil Cameron, Newfoundland Veteran Company, æt. 38. He was admitted into Hospital, suffering under a low form of Pneumonia: he complained of dyspnœa, cough, and pain in the chest, particularly the right side, with decubitus obligatus; the respiration hurried, and the pulse rapid. Latterly, symptoms of effusion into the thoracic cavity manifested themselves, after which, notwithstanding the remedies employed, he sunk rapidly. On dissection, the left Lung and Pleura were found as above described; the right contained some tubercular deposition in a miliary form.

99. Portion of Pleura,—thickened and covered with coagulable lymph.—*Ibid.*

From the same subject as the preceding.

100. Portion of Lung,—exhibiting a cicatrix.—*Ireland.*—*Presented by Mr. Cavet, Assistant Surgeon, 97th Regiment.*

From William Dogherty, æt.  $7\frac{1}{2}$ , who died of acute catarrh.

101. Earthy deposit from the Lung.—*Malta.*—*Presented by Mr. O'Brien, Assistant Surgeon, 7th Fusileers.*

A concretion, consisting of phosphate and carbonate of lime, and animal matter: from the Lung of a soldier of the Royal Fusileers, who died of Delirium tremens.

102. Exhibits a circumscribed Abscess in the cavity of the left thorax, with external fistulous openings between the eighth and ninth ribs.—*Fort Pitt.*

From Patrick Kane, æt. 30, 87th Regiment, who had long been afflicted with scrofulous ulcerations and sinuses about the sternum and ribs, which had formed fistulous openings in various parts of the thoracic parietes. He also evinced a decided phthisical diathesis. On coughing, a rush of air externally, and crepitus, took place from the abscess shown in the preparation. He ultimately died of hectic fever, wasted and exhausted by the discharges, after having been under treatment in the General Hospital three hundred and seven days.

## CIRCULATION.

### DIVISION I.—DISEASED STRUCTURE OF THE HEART.

1. Coagulable lymph effused on the surface of the Heart; the Pericardium adhering to that organ.—*York Hospital, Chelsea.*

From John M<sup>c</sup>Allum, æt. 28, 3rd Garrison Battalion, admitted with stricture of the urethra, from which complaint he had nearly recovered, when he was suddenly attacked with symptoms of acute Carditis, and died in a few days.

2. Heart,—exhibiting thickening of the auriculo-ventricular valves.—*History unattainable.*
3. Lymph, effused on the serous surface of the Heart and Pericardium, causing a granular and fur-like appearance.—*York Hospital, Chelsea.*

From James Sadler, æt. 36, 47th Regiment, admitted complaining of headache and erratic pains, with rigors, and tendency to syncope. Death ensued on the third day.

4. Heart,—exhibiting the foramen ovale imperfectly closed.



Two openings exist, the largest of which is the fourth of an inch in diameter.—*Fort Pitt*.

From Patrick Shanaghan, æt. 20, 30th Regiment, who was received into Hospital labouring under pulmonary Phthisis, which proved fatal in two months. On dissection, the Lungs were found extensively disorganized; and the Heart exhibited the phenomena observable in the preparation.

5. Heart, with the foramen ovale unclosed;—diameter of the opening three quarters of an inch.—*Ibid*.

From James Pilkington, æt. 20, 46th Regiment, a phthisical patient. After death, both Lungs were found consolidated, and thickly studded with tubercles in different stages of maturation: the Heart as above noted. The surface of the body, more particularly the face, was of a bright vermilion hue.

6. Heart,—with two small openings at the anterior part of the foramen ovale.—*Ibid*.

From the same subject as No. 17. *Respiration*. Division III.

7. Heart much enlarged, the foramen ovale open;—diameter of the opening an inch and a half.—*Ibid*.

From Michael Cooney, æt. 37, 45th Regiment, who, having suffered much in Ceylon from dyspnœa and other distressing pectoral affections, was invalided. On arrival, he was admitted into Hospital, and died in ten days. On dissection, the lining membrane of the Trachea and Bronchiæ was observed to be highly inflamed; and the Heart much enlarged, particularly on the right side. There was no vestige of septum between the auricles: the pulmonary veins were much enlarged.

8. Serous surfaces of the Pericardium closely united by coagulable lymph: the right Lung collapsed, and adhering to its outer surface.—*Ibid*.

From Peter Molloy, æt. 28, 30th Regiment. He was received into Hospital with a pectoral affection, denoted by dyspnœa, cough, and purulent expectoration; and, while under treatment, had an attack of acute inflammation in the cardiac region. Under the effects of this combination of disease he died. On dissection, the left Lung was found thickly studded with tubercles, the right collapsed and adherent to the Pericardium, which latter was firmly united to the surface of the Heart.

There was also an unusual distribution of the left vertebral artery, which was given off from the Aorta, between the left carotid and subclavian arteries.

9. Surface of the Heart coated with coagulable lymph; the Pericardium partially adherent.—*Fort Pitt.*

Taken from the body of Robert Calder, æt. 50, 73rd Regiment, whose health had been much impaired by a long residence in India, where he had suffered from the disease termed "Beriberi." He was admitted with pain in the right thorax, oppressed and difficult respiration, and cough accompanied by scanty expectoration of puriform sputa; and died exhausted.

10. Surface of the Heart and Pericardium coated with lymph, affording a granular appearance.—*Ibid.*

From John Adams, 69th Regiment, æt. 26, who was taken into Hospital on his arrival from India (where he had suffered from hepatic and dysenteric affections,) in a state of great debility. In a fortnight afterwards he was attacked with oppressed breathing, small and fluttering pulse, great anxiety of countenance, and frequent cough: his limbs then became œdematous, and in eighteen days death ensued.

11. Heart,—exhibiting a thick layer of coagulable lymph on its surface; the Pericardium thickened, and partially adherent by shreds of the same.—*Ibid.*

From John Peak, 17th Light Dragoons, æt. 26. He had been subject to frequent attacks of hæmoptysis, the last of which occurred about three weeks before his reception into the General Hospital for cough, with scanty expectoration. While under treatment, he was suddenly attacked with pectoral pain, dyspnœa, and hæmoptysis. He experienced temporary relief from medicine, but eventually died.

12. Heart and Pericardium agglutinated by a layer of lymph; the left ventricle dilated.—*Ibid.*

From William Bye, 46th Regiment, æt. 21. He was admitted on account of pains in all the extremities, accompanied by swelling of the joints of his fingers, probably rheumatic, having been very subject to this complaint, from which he had obtained temporary relief by treatment. Some time afterwards, when the pains in his limbs had nearly subsided, he complained of pain in the cardiac region, and other symptoms, which ended in death.

13. Serous surface of the Heart coated with a thick layer of lymph; the Pericardium in many parts adherent.—*Fort Pitt.*

From David Dooling, 7th Veteran Battalion, æt. 45. He had been under treatment for remittent fever. Shortly after his dismissal from Hospital, he returned with cough, difficult respiration, oppression at the chest, and weak, irregular pulse. He died on the third day.

14. Pericardium agglutinated to the surface of the Heart by a layer of coagulable lymph.—*Ibid.*

From Peter Brown, 79th Regiment, who died in a state of exhaustion from the hectic fever induced by an immense chronic abscess, and consequent ulceration, in the leg. No suspicion of any cardiac lesion appears to have been entertained during his residence in Hospital.

15. Pericardium thickened, and agglutinated to the surface of the Heart by a layer of lymph.—*Ibid.*

From Serjeant Patrick Fitzgerald, æt. 39, Royal York Rangers, who was admitted labouring under symptoms of pyrexia, and complaining of pain in his chest, accompanied by hurried respiration. While under treatment, an abscess formed in his thigh, and afforded relief to the fever; but the pectoral disturbance continued, and, ultimately, had a fatal termination.

16. Coagulable lymph effused on the serous surfaces of the Heart and Pericardium, producing a granular and lace-like appearance.—*Ibid.*

From Arthur Ennis, African Corps, æt. 37, admitted, on arrival from the Cape of Good Hope, labouring under intermittent fever: while in Hospital, symptoms of Pneumonia came on, which were relieved by active treatment. Nevertheless, at the end of five months, death supervened.

17. Lymph thrown out on the surfaces of the Heart and Pericardium, producing a fur-like appearance.—*History unattainable.*

18. A very thick layer of lymph thrown out on the Heart's surface, producing a lace-like appearance: the Pericardium thickened, and also coated with lymph on its inner lining.—*Presented by Mr. Warren, Inspector General of Hospitals.—History unattainable.*

19. Pericardium united to the surface of the Heart by a layer of lymph.—*Mauritius.—History unattainable.*

20. Pericardium adhering to the Heart: coats of the Aorta much diseased.—*Fort Pitt*.—*History unattainable*.

21. Pericardium thickened: a layer of lymph effused between its surface and that of the Heart, productive of adhesion.—*Ibid*.

From John Joy, æt. 18, 69th Regiment, who was admitted with symptoms of Pneumonia, which he attributed to his having worn a damp shirt: in spite of active treatment, the disease terminated fatally on the seventh day. On dissection, the vessels of the Brain were found distended; the lining membrane of the Trachea and Bronchiæ was highly inflamed; the Lungs contained crude tubercles; the right Pleura was also studded with solid, white tubercles; and the Heart and Pericardium were in the condition shown in the preparation. (*Vide Drawing, No. 5.*)

22. Heart,—with coagulable lymph effused on its surface: the right Lung adherent externally to the Pericardium.—*Ibid*.—*History unattainable*.

23. Heart enlarged, and exhibiting the cyst of a large tumour situated over the right auricle: the Aorta ossified at several points.—*Ibid*.

From Captain T. W., 2nd Ceylon Regiment, who laboured under chronic Hepatitis, organic disease of the Heart, and Hydrothorax, the slightest exertion producing severe palpitation, hurried and oppressed respiration, and a sharp, irregular pulse. At length his lower extremities became anasarcous, and, after eleven months treatment, death ensued.

24. Heart of small size; the walls of the left ventricle thickened.—*Ibid*.

From Patrick Madden, æt. 48, 25th Regiment, who had suffered much from dysentery in the West Indies, on arrival from whence he was received into Hospital, labouring under cough, purulent expectoration, and diarrhœa: after four months treatment, he died. On inspection post mortem, the Lungs were seen to be extensively tuberculated, the Heart in a state of atrophy, and the small and large Intestines ulcerated.

25. Heart,—exhibiting small warty excrescences on the tricuspid valves.—*Ibid*.

Removed from the body of a child seven years of

age. Tubercles were detected in the substance of the Lungs.

26. Cavities of the Heart filled with wax, to exhibit a considerable enlargement of that organ.—*Presented by Mr. Rolston, Assistant Surgeon to the Forces.*

From John White, 22nd Regiment, æt. 35, who was admitted into his Regimental Hospital, affected with dyspnœa, pain in the right hypochondrium extending to the scrobiculus cordis, dry skin, white tongue, tumid abdomen, and anasarca of the lower extremities: pulse 100, not irregular. After five weeks treatment, he died; and, on dissection, it was found that effusion had taken place into the ventricles of the Brain, and into the thoracic and abdominal cavities.

27. Heart,—exhibiting petechial spots on its surface. (Vide No. 35. Class II. Division III.)—*Fort Pitt.*

28. Heart enlarged, and exhibiting a calcareous concretion on its substance.

From James Hunt, æt. 49, 7th Fusileers, who was attacked in the afternoon (at Harwich) with a sensation of fulness about the Heart, oppressed breathing, and vertigo, for which he was bled, with immediate relief; but while preparing to return to his barracks, he suddenly fell down, and expired. On examination post mortem, the head was swollen and livid, the vessels of the Brain and Neck turgid, and the mouth covered with frothy saliva: the Heart as above noted; the other viscera sound.

29. Heart with Pericardium adherent; the semilunar and mitral valves thickened, ulcerated, and slightly ossified.—*Ibid.*

From Thomas Cudd, æt. 31, 84th Regiment, admitted on his arrival from India, where he had served nine years, and had frequently been a sufferer from hepatic disease. He complained of acute pain in the breast, increased on coughing, with hurried and uneasy respiration; also of dull pain, increased by pressure, in the region of the Liver. He died in twenty-three days. *Autopsia*:—The Lungs sound; Heart and Pericardium as shown in the preparation; Liver enlarged and indurated.

30. Heart,—exhibiting ulceration of the semilunar and mitral valves, and warty excrescences attached to the former; the Aorta ossified in many parts.—*Ibid.*

From John Lewis, æt. 23, Rifle Brigade, admitted, complaining of cough, oppressed respiration, and pain referred to the epigastrium; inordinate action of the Heart, and throughout the arterial system. He reported that he had suffered from this attack for two days; and also, that he had undergone a similar one, about a year before, after a march. The disease soon proved fatal.

31. Mitral valves thickened and ulcerated.—*Fort Pitt.*—*History unattainable.*

32. Heart,—exhibiting ossification of the mitral valves.—*Ibid.*

From William Roberts, Royal Waggon Train, who was brought from Croydon to Fort Pitt on a bearer, in an extremely exhausted state, and affected with violent dyspnœa. He stated that about two years since he had received a kick from a horse in the left hypochondrium, since which time he had been almost constantly in Hospital for pectoral disease. He died in twelve hours after admission.

33. Heart,—exhibiting active Aneurism of the left ventricle; also a calcareous deposit between the coats of the Aorta.—*History unattainable.*

34. Active Aneurism of the left ventricle of the Heart; the walls of that organ containing Tubercles.—*Fort Pitt.*

From Michael Hand, 54th Regiment, æt. 34, admitted, complaining of cough, pain in the chest, and inability to remain in the recumbent posture; pulse 106, regular. After three weeks, he was attacked with palpitation of the Heart, and his pulse lost its regularity. In this state he continued until his death, which occurred in five weeks from admission.

35. Heart,—exhibiting incipient Aneurism of the left ventricle, with ossification and ulceration of the aortic valves.—*Ibid.*

From John Fletcher, 62nd Regiment, æt. 52. Admitted into Hospital with Erysipelas of the foot and leg, from which he had completely recovered, when he was attacked with difficulty of breathing, so trifling, however, that he did not complain of it until the second day. His respiration then became hurried, anxious, and oppressed; he was much averse to the horizontal posture; his sensorium was disturbed; pulse full and incompressible, 120. Notwithstanding active treatment, these symptoms

became aggravated, and the case terminated fatally on the third day.

36. Heart,—exhibiting dilatation of the left ventricle, thickening of the mitral valves, and ulceration and thickening of the aortic valves.—*Chatham*.—*Presented by Dr. Dobson, Surgeon, Royal Marines*.

From the body of a Marine, who had complained, for some time, of pain in his chest, and oppressed respiration, aggravated on using exercise. One day, after he had been a considerable period in Hospital, having ascended the stairs to his ward, he sat down in a chair, and suddenly expired.

37. Heart,—exhibiting a small Aneurism at the apex of the left ventricle.—*Presented by Mr. Lamert, Surgeon, 1st Veteran Battalion*.

From George Tooth, æt. 40, 1st Veteran Battalion. He had been in Hospital for a considerable period; the symptoms of his disease are not ascertained. On dissection, the surface of the Lungs was universally adherent to the parietes of the thorax; the Heart was enlarged, and had formed a strong adhesion at its apex to the Pericardium, where a sacculus was discovered, containing coagulated blood.

38. Heart,—exhibiting a large Aneurism attached to the left ventricle, the opening between the tumour and the ventricle being circular, and an inch in diameter.—*Fort Pitt*.

From Serjeant Barnard M'Nulty, 65th Regiment, who, on arrival from India after seventeen years' service in that country, was admitted in a state of great exhaustion, with cough, oppressed respiration, and pain of the chest. He had suffered, more or less, from these symptoms for two years previously, and once had an attack of hæmoptysis, which, however, was permanently checked by treatment. After remaining some time in Hospital, death ensued.

39. Heart,—exhibiting dilatation of the left Ventricle, with close adhesions between the reflexions of the serous membranes.—*Ibid*.—*History unattainable*.

40. Heart,—exhibiting a Wound, the instrument having penetrated the right ventricle through the Diaphragm.—*History unattainable*.

41. Heart,—exhibiting dilatation and thickening of the left ventricle, with bony deposit in the coats of the Aorta.—*Fort Pitt.*—*History unattainable.*
42. Passive Aneurism of the Heart; ossification of the right auriculo-ventricular opening; and corrugation of the valves of the pulmonary artery.—*Ibid.*—*History unattainable.*

43. Heart enlarged, and its walls attenuated, forming a passive Aneurism.—*Ibid.*

From Thomas Goggin, æt. 18, 54th Regiment, admitted, four months previous to his death, suffering from dry cough, and palpitation. The former symptom in a short time degenerated into a purulent expectoration, which, with hectic fever, and other symptoms, sufficiently denoted a phthisical state of Lung; the palpitations became more severe and distressing, and he gradually sunk. On dissection, the Heart was found as above noted, and of a pale colour; the surfaces of the Pleuræ were lined with an adventitious membrane; their cavities contained about three pints of a straw-coloured fluid; and tubercles were discovered in the Lungs and in the Intestines.

44. Heart of an adult,—exhibiting the Eustachian valve perfect.—*Ibid.*

Removed from the body of a maniac, who, during life, afforded no symptom indicative of derangement in the functions of this organ.

45. An Hydatid, situated in the left ventricle of the Heart of a cow.—*Corfu.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

46. Heart,—exhibiting ossification and ulceration of the right auriculo-ventricular opening.—*History unattainable.*

47. Portion of Heart, affected with incipient Melanosis.—*Corfu.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

Removed from the body of a Greek, in whom the Liver (which weighed fifteen pounds), the Pancreas, Aorta, and integuments were affected with the same disease. (Vide Division II. No. 24. and Class II. *Secretion.*—Division I. No. 3. and Division II. No. 22.)

48. Heart much enlarged, and exhibiting the termination of



inflammation of its serous membrane in effusion of coagulable lymph. The coat of lymph is of great thickness, particularly on the left ventricle, where it measures an inch.—*History unattainable.*

49. Heart,—exhibiting effusion of lymph on its surface, with partial adhesion of the Pericardium.—*Presented by Mr. Knott, Assistant Surgeon, 6th Dragoons.*

From Patrick Hogan, 15th Regiment, æt. 20, of delicate habit, and frequently in Hospital with febrile and catarrhal affections, during the year 1825. In the month of November of the same year he had an attack of acute rheumatism, of which he was ill a month. In the following January he was again taken into Hospital with a relapse in an aggravated form, many of his joints being much swollen. At this period he also began to complain of pain in the cardiac region. These symptoms were relieved by proper treatment; but shortly afterwards the action of the Heart was observed to be inordinate: by the end of May the palpitation had become very violent, attended with orthopnœa, rapid and irregular pulse, anxious collapsed features, and cold extremities. Things getting yet worse, he died on the 11th June. On dissection, besides the disease exhibited in the preparation, the Lung adhered to the outer surface of the Pericardium: no other disease was discovered.

50. Heart,—with coagulable lymph effused on its surface.—*History unattainable.*

51. Heart,—exhibiting effusion of lymph, and adhesion to the Pericardium.—*Chatham.—Presented by Dr. Skey, Deputy Inspector General of Hospitals.*

Removed from the body of a boy who died of acute Carditis.—(Vide *Respiration*. Division III. No. 35.)

52. Heart,—exhibiting effusion of lymph on its surface, and calcareous deposit on the surface and in the substance of the Pericardium.—*History unattainable.*

53. Heart,—exhibiting effusion of lymph on its surface; also tubercular ossification of the Aorta.—*History unattainable.*

54. Universal adhesion of the Pericardium to the surface of the Heart. Hypertrophy of the left Ventricle, attended

with a cartilaginous degeneration of the mitral valves.—*Fort Pitt.*

From Thomas Fitzgerald, 67th Regiment, æt. 21. About two years before his death he was suddenly, while on guard, attacked with violent pain in the region of the Heart, from which he recovered, after some time, sufficiently to resume his duties. From this period, however, his breathing became much oppressed, and he was subject to palpitation; both symptoms being aggravated on the least exertion: on admission into the General Hospital they were exceedingly urgent and distressing. He experienced little alleviation of his misery from treatment, although he lingered for about four months before he died.

55. Heart,—exhibiting effusion of lymph, connecting the Pericardium to its surface: the mitral valves thickened.—*History unattainable.*
56. Pericardium, agglutinated to the surface of the Heart by a layer of lymph: coagulable lymph also effused on the surface of the Pleura.—*History unattainable.*
57. Heart,—exhibiting effusion of lymph on its surface, which presents a fur-like appearance.—*History unattainable.*
58. Heart,—exhibiting effusion of lymph on its surface; the Pericardium united to it by many bands of the same.—*History unattainable.*
59. Heart and Pericardium, coated with coagulable lymph, which is minutely injected.—*Fort Pitt.*

From Donald M'Donald, 93rd Regiment, æt. 30, who, on arrival from the West Indies, was admitted, labouring under dyspnœa and cough, attended by puriform expectoration and general debility. As these symptoms became worse, œdema of the lower extremities ensued, and he finally sunk. On post mortem inspection, the Lungs were found to be studded with crude and mature tubercles: the Pericardium contained ten ounces of sero-purulent fluid: the Liver was slightly enlarged; and the small Intestines were tuberculated and ulcerated.

60. Heart,—exhibiting Hypertrophy, with dilatation of the left ventricle; the left auriculo-ventricular opening cartilaginous and ulcerated: the mitral valves thickened; and the semilunar valves and Aorta thickened and ossified.—*History unattainable.*

61. Lymph effused on the surface of the Heart and Pericardium, producing adhesion to each other.—*West Indies*.—*Presented by Mr. Davidson, Assistant Surgeon, 21st Regiment.*

From James Lowe, 9th Regiment, æt. 24, a man of scrofulous diathesis and spare habit. He was taken into Hospital, complaining of pains in his limbs, and symptoms indicative of visceral derangement. On the tenth day an abscess formed at the inferior costa of the right scapula, followed by many others on the upper part of the trunk, and accompanied by the appearance of Bullæ on the lower extremities. He subsequently sunk under the influence of hectic fever. On examination, it was discovered that both Lungs had formed adhesions to the costal walls; the left was firmly attached to the Pericardium: their parenchyma was healthy: the pleural cavities contained about five pints of dark serum; and five ounces of a sanious fluid was found in the Pericardium.

62. Heart,—exhibiting the Foramen ovale open.—*Presented by Dr. Blake, Surgeon, 7th Dragoon Guards.*

From John Conray, 7th Dragoon Guards, æt. 21, who was subject to paroxysms of Syncope cardiaca. On admission into Hospital, he appeared to have some inflammatory affection of the Heart, as evinced by pain in the cardiac region, irregular pulse, and sense of suffocation. He ascribed his complaint to a fall from his horse. Eventually he died of Consumption.

63. Ulceration and fungous degeneration of the basis of the Heart, involving the semilunar valves.—*Malta*.—*Presented by Dr. Calvert, Assistant Inspector of Hospitals.*

From a soldier of the 80th Regiment, who died of fever. The disease of the Heart was not suspected during life.

64. Excrescence growing from the left auriculo-ventricular opening of the Heart.—*Edinburgh*.—*Presented by Dr. Knox.*

65. Heart,—exhibiting contraction of the left auriculo-ventricular opening, by deposition of earthy matter in the mitral valve: the left ventricle enlarged and thickened: the aortic opening nearly closed by a deposition similar to that of the mitral valve.—*Fort Pitt.*

From the same subject as No. 48. *Respiration*. Division III.

66. Dilatation of the left ventricle of the Heart, with albuminous deposition in its muscular substance; and partial adhesion of the Pericardium.—*Gibraltar*.—*Presented by Mr. Fraser, Assistant Surgeon to the Forces. History unattainable.*

67. Heart,—exhibiting deposition of bone in the mitral valve, by which the auriculo-ventricular opening is nearly obliterated: also extensive dilatation of both auricles.—*Gibraltar*.—*Presented by the same.*

From an Officer, who had been an invalid for five years, as was generally supposed, from derangement of the digestive organs. For some months, however, prior to death, with the aid of the stethoscope, the true nature of the disease was divined without difficulty.

68. Heart,—exhibiting dilatation of the Pericardium, and partial adhesion of the sac.—*Ibid.*—*Presented by the same.*

In this case the Pericardium contained about three pints of pure pus.

69. Deposition of lymph in the form of a continuous layer on the bag-like and reflected portion of the Pericardium.—*Ibid.*—*Presented by the same.*

70. Hypertrophy, with dilatation of the left ventricle, of the Heart: tubercular deposition under the serous tunic of the Aorta.—*Portugal*.—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*

From Charles Mead, æt. 26, 43rd Regiment. He had been for three years frequently under treatment for dyspnœa. Latterly distressing orthopnœa, accompanied by a peculiar sensation in the shoulders, occurred. He expired in a paroxysm of dyspnœa. On examination, the Lungs are reported to have been sound, although containing much blood; and the Bronchiæ were filled with a frothy mucus.

71. Heart,—with loose bands of adhesion extending between the two layers of the Pericardium.—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

Taken from a young man, who had been treated for cardiac disease six years before his death, which took place from accident.

72. Heart,—exhibiting a well-defined deposit of lymph on the serous surface of the reflected portion of the Pericardium, covering the right ventricle. A portion of the adventitious membrane is turned down, leaving the true membrane smooth and entire beneath.—*Presented by the same.*

The man from whom this preparation was taken died of Phthisis pulmonalis: he had never, as far as could be ascertained, been affected with symptoms of disease of the Heart.

73. Basis of the Heart,—exhibiting abundant deposit of earthy matter in the mitral valve, by which the auriculo-ventricular opening is contracted.—*Fort Pitt.*

From Charles Winter, æt. 29, 57th Regiment, who had been affected for three years with slight pain of the chest, dyspnœa, and œdema of the feet. He was admitted with symptoms of thoracic dropsy, which soon became general, attended by a slight cough and mucous expectoration: pulse regular, until a short time before death, when it began to intermit. Three pints of serum were found, after death, in the right pleural sac, and two in the left: the Pericardium contained two ounces of a similar fluid, and the peritoneal bag a quart. The structure of the Lungs was sound. The Heart was enlarged, and the walls of the systemic ventricles thickened; the mitral valve was in the condition shown in the preparation; and the tricuspid was covered with fungous excrescences.

74. Portion of Heart,—exhibiting cartilaginous verrucæ on the edges of the aortic and mitral valves.—*Ibid.*

From Richard Stringer, æt. 28, 51st Regiment, who had been attacked with hæmoptoe a year before. Symptoms of confirmed Phthisis subsequently set in, and he died on the day following his disembarkation from the Ionian Islands. On examination, the Lungs were seen to be affected with every stage of tubercular disease. The Heart was enlarged and flaccid; the walls of the aortic ventricle attenuated. The lining membrane of the pulmonary artery and ventricle was tinged of a well-defined rose colour.

75. Heart,—showing a white patch on the cardio-reflected pericardium of the right ventricle.—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*

From a soldier of the 23rd Regiment, who died of dysentery. No account of his having been affected with cardiac symptoms is on record.

76. Heart,—exhibiting ulceration of the inner surface of the apex of the left ventricle, which cavity is dilated, and its parietes thickened.—*Fort Pitt.*

From John Johnson, æt. 22, 47th Regiment, who was primarily treated for Pneumonia, and cured. He was afterwards readmitted, with phthisical symptoms, and again discharged from Hospital, convalescent. Subsequently he was placed under treatment in the General Hospital, where it was observed that effusion had taken place into the thoracic and abdominal cavities. He was at this time affected with dyspnœa, muco-sanguineous expectoration, and intermitting pulse; and soon sunk. On dissection, the Lungs presented many black points, resulting from the infiltration of blood into the air-cells. The lining membrane of the left auricle of the Heart was thickened, and of a pale colour.

77. Exhibits a deposit of lymph in the form of a continuous layer on the whole serous surface of the Pericardium, minutely injected.—*Portugal.*—*Presented by Mr. Russel, Assistant Surgeon, 63rd Regiment.*

From John Watts, æt. 24, who had been under treatment for intermittent fever, which left him in a state of great debility. He was soon after attacked with pain of the chest, and oppressed respiration; he had also a relapse of the febrile paroxysms. To these maladies were shortly added syncope, small intermittent pulse, and a sense of constriction across the chest, under which he quickly sunk. After death a quart of sero-purulent matter was removed from the cavity of the Pericardium.

78. Exhibits a punctured Wound of the Heart.—*Portsmouth.*—*Presented by Staff Surgeon Hill.*

From a soldier of the 83rd Regiment, who was killed by a thrust from a pointed instrument, which passed through the right ventricle, and penetrated the left. The Pericardium was found distended with blood, but there was no external hæmorrhage.

79. Pericardium, greatly thickened, with abundant deposit of lymph on the surface of the Heart.—*Mauritius.*—*Presented by Dr. Shanks, Assistant Surgeon, 82nd Regiment.*

From the body of Thomas Downes, seaman. The disease was brought on by an incised wound, which penetrated the chest. He died in twenty days after the accident.

80. Similar to the last-described.—*Mediterranean*.—*Presented by Dr. Connel, Assistant Surgeon, Rifle Brigade*.—*History unattainable*.

81. Heart,—exhibiting deficiency of the septum of the Auricles.—*Mediterranean*.—*Presented by Mr. Lightbody, Surgeon, 80th Regiment*.

From Peter Shaw, 80th Regiment, æt. 25, of delicate habit, who had evinced signs of pectoral infirmity from his infancy. He was never capable of performing military duty. No symptom of the blood having circulated in an imperfectly oxygenated state was observed in this case.

82. Considerable dilatation of the left Ventricle, with abundant bony deposit about the semilunar valves of the Aorta.—*Presented by Mr. Marshall, Assistant Surgeon, 87th Regiment*.—*History unattainable*.

83. Presents great dilatation of the left Ventricle, the valves connected with it being sound.—*Fort Pitt*.

From Brian Giary, 86th Regiment, æt. 23. He had suffered for some time from pectoral complaints, of which dyspnoea formed a very prominent symptom. He had slight cough, with scanty sputa, at one time sanguineous; latterly the face was livid, skin clammy, and pulse depressed. On inspection, the Lungs were found to contain tubercles and vomicæ towards their apices.

84. Heart enlarged: the arch of the Aorta containing much osseous matter beneath its inner coat: the semilunar valves thickened and corrugated.—*Presented by Dr. Annesley, Surgeon, 2nd Dragoons*.

From George Millwood, 2nd Dragoons, who suffered from symptoms of diseased Heart and Hydrothorax. On examination post mortem, in addition to the disease shown in the preparation, two quarts of fluid were found in the chest.

85. Heart,—exhibiting a delicate deposition of lymph on the serous surface.—*Fort Pitt*.

From John Thornton, æt. 48, Newfoundland Veteran

Company, a weakly and worn-out subject, who was attacked with acute pain in the right breast, attended with a low type of fever, great debility, and deficient general reaction. He sunk in fourteen days from the commencement of the attack. On post mortem inspection, besides the lesions preserved in the preparation, the bag of the Pericardium was found to contain half a pint of sero-purulent fluid: the right Lung was of a gray colour, and so much consolidated as to sink in water; the left was healthy, except that its serous covering was coated with a copious effusion of lymph.

86. Dilatation of the left ventricle of the Heart, with thickening of the edges of the semilunar valves of the Aorta.—*Fort Pitt.*

From William Sutton, 80th Regiment, æt. 38, who was admitted with Paralysis, the sequela of Apoplexy. While under treatment, he was visited by a second, and fatal, apoplectic attack. On inspection after death, a great part of the right hemisphere of the Brain was found to be in a state of ramollissement: the Heart was discovered as shown in the preparation.—(Vide Class III. *Sensation*. Division I. No. 39.)

87. Enlarged Heart,—with dilatation of the arch of the Aorta, and thickening of its coats.—*Jamaica*.—*Presented by Mr. Stewart, Surgeon, 84th Regiment*.—*History unattainable*.

88. Heart enlarged;—the arch of the Aorta dilated, and its coats thickened.—*Malta*.—*Presented by Dr. Connell, Assistant Surgeon, Rifle Brigade*.

From an Officer, æt. 45, who expired suddenly, while he was being bled. After death a quantity of serous fluid was detected in the thorax.

89. Heart,—exhibiting Hypertrophy, with dilatation of the left ventricle; the semilunar valves thickened.—*Fort Pitt*.

From Serjeant James Hunter, Newfoundland Veteran Company, æt. 46. This man, about a year previous to his admission into the General Hospital, had an attack of hemiplegic Paralysis: he had also been subject to gout and rheumatism, for the last three years. He exhibited every symptom of decay, both mental and bodily, and was, some time afterwards, carried off by Apoplexy. The only signs of cardiac disease were dyspnœa, and



anasarca of the extremities. On dissection, the Brain was exsanguine, except at the middle of the right hemisphere, where there was considerable extravasation. Its left lateral ventricle contained much coagulated blood; the walls were broken down, and it formed a large apoplectic cell. The third and fourth ventricles were in the same state. The right thorax contained about five pints of bloody serum; and this Lung was much compressed. The left Lung was adherent to the costal parietes. The cavity of the abdomen contained eight pints of a fluid similar to that found in the thorax. (Vide Class III. *Sensation*. Division I. No. 42.)

90. Universal adhesion of the Pericardium to the surface of the Heart; and hypertrophy, with dilatation, of the right Ventricle.—*Ibid.*

From George Burnett, 37th Regiment, æt. 41, a patient for chronic dysentery, complicated with a catarrhal affection. He was in a state of great exhaustion and emaciation. The secretion from the bronchial tubes becoming very profuse, and the dysenteric affection continuing unabated, he sunk, and died. On dissection, six pints of dark serum were found in the chest: the Lungs contained much miliary tubercular deposit, and the bronchial glands were enlarged.

91. Exhibits adhesions of the Pericardium to the Heart's surface, and a spicula of bone deposited in that membrane.—*Ibid.*

From Henry Wooler, 53rd Regiment, æt. 24, who was invalided on account of disease of the bones connected with the left shoulder-joint, to which he fell a victim. No account of any former attack of Pericarditis is preserved.

92. Exhibiting active Aneurism of the left Ventricle.

From a soldier of the 90th Regiment.

## DIVISION II.—DISEASED STRUCTURE OF ARTERIES.

1. Thickening and ulceration of the valves of the Aorta, with bony deposit between its coats: also thickening and

ulceration of the left auriculo-ventricular opening and mitral valves.—*Fort Pitt.*

From Patrick Norton, æt. 40, 90th Regiment, a man originally of robust habit, but reduced by intemperance: he had been much afflicted with pains in his limbs. On his arrival from the West Indies, where he had served eight years, he was admitted in a comatose state, and died on the following day.

2. Thickening, ossification, and ulceration of the semilunar valves of the Aorta.—*History unattainable.*
3. Ulceration, adhesion, and some points of ossification of the semilunar valves of the Aorta.—*History unattainable.*
4. Semilunar valves of the Aorta ruptured: bony deposition in their substance, and wart-like excrescences vegetating from their edges.—*North America.*

The subject of this malady had been hemiplegic for a considerable time. After death, the Heart and aortic valves were found diseased; and the Kidneys contained many calculous concretions.

5. Thickening of, and osseous deposit in, the valves of the Aorta, with some points of ossification in the tunics of that tube.—*Fort Pitt.*

From William Watts, æt. 53, 17th Regiment, a patient from India, affected with dysentery. Death took place in three weeks after his admission. On dissection, the right Lung was found hepatized; the aortic valves diseased; a ridge of bone was discovered in the Aorta; and the large Intestines exhibited both ancient and recent ulcerations.

6. Extensive ulceration of the aortic valves; osseous deposit between the coats of the Aorta; the ascending portion of that vessel dilated.—*History unattainable.*
7. Portion of Aorta, exhibiting osseous deposit between its tunics.—*France.*

Removed from the body of ——— Brown, a baggage-master. (Vide *Respiration*. Division III. No. 37.)

8. Coats of the Aorta dissected,—exhibiting numerous points of calcareous deposit between its internal and middle tunics.—*Fort Pitt.*

From Joseph James, 9th Regiment, æt. 44, a robust, healthy-looking man, who, three days previous to admission, had been attacked with rigors. He complained of

severe pain in the head, and erratic pains in the limbs and body, especially under the sternal extremities of the left ribs, where pressure produced increase of pain; his respiration was hurried, and countenance anxious. He died suddenly, having the day before expressed himself as considerably better. On dissection, the Heart proved to be ulcerated, the Pericardium thickened, and osseous deposit was detected in many parts of the arterial system, more particularly in the Aorta.

9. Tubercular ossification, and Aneurism of the arch of the Aorta.—*Fort Pitt.*

From Thomas Ulytt, æt. 43, 59th Regiment, who, on his arrival from India, where he had served the twelve preceding years, complained of laborious respiration, harassing cough, and sense of constriction on the chest: his body generally was anasarcaous; in an especial manner his inferior extremities, which were also covered with petechial spots. After three days sojourn in hospital he died.

10. Exhibits two ruptures of the Aorta; one immediately above the semilunar valves, the other close to the origin of the left subclavian artery.—*Ibid.*

From Thomas M'Geary, 45th Regiment, æt. 45, who was found dead in a chalk-pit, into which he was supposed to have fallen when intoxicated. The Aorta was discovered to be ruptured to within a quarter of an inch of its circumference; and a second laceration of about half the circumference of its tunics existed near the origin of the subclavian artery. Numerous small vessels ramifying on the Pleura appeared to have been also ruptured; and, lastly, the right Os femoris was fractured at its neck. (Vide Class III. *Locomotion*. Division IV. No. 6.)

11. Small rupture of the Aorta immediately beyond the semilunar valves.—*Ibid.*

From Daniel Hogland, a maniac, who received a severe fall on the pavement, in consequence of his foot having slipped on some ice, and died in about two minutes. On examination, it was discovered that the Aorta had been ruptured; and the Pericardium was filled with coagulated blood.

12. Aorta,—exhibiting ossification and dilatation: mitral

valves of the Heart thickened: the Pericardium adherent to that organ.—*Fort Pitt.*

From Thomas Wetherall, 10th Regiment, æt. 42, who was brought into hospital labouring under extreme difficulty of breathing; his pulse small, rapid, and intermitting; countenance expressive of great anxiety; and extremities œdematous and cold. An attempt to bleed him led to little result; and, although he experienced momentary relief from immersion in a warm bath, he died in an hour afterwards. On dissection, the vessels of the Brain were found congested; the Pleuræ on both sides had formed strong adhesions to the opposite surfaces; the Heart was considerably enlarged, and closely united to the Pericardium; the mitral valves were unnaturally thickened; and the Aorta, which was ossified at numerous points, presented a dilatation capable of containing a large orange.

13. Exhibits a small Aneurism of the Aorta, about the size of a walnut, situated immediately above the semilunar valves, and involving the right coronary artery.—*Presented by Mr. Stevenson, Assistant Surgeon, 60th Regiment.*

From John Schmitt, 60th Regiment. He became suddenly affected with dyspnœa, and fell dead on the floor. On examination, the Aneurism above described was found to have burst into the pericardial sac, which was filled with blood.

14. Exhibits the coats of the Aorta, much diseased, and a true Aneurism, about as large as an orange, existing immediately below the origin of the left subclavian artery, and ruptured.—*Fort Pitt.*

From Serjeant John Saxelly, æt. 28, 10th Hussars, who died suddenly in the night, post coitum. After death, the Heart was found involved in a thick coagulum of blood, which had escaped from the ruptured aneurismal sac.

15. Aneurism of the ascending portion of the arch of the Aorta.—*Albany Hospital, Isle of Wight.—History unattainable.*
16. Shows numerous points of osseous deposition in the coats of the Aorta, and Aneurism of the descending portion of its arch. An irregularity occurs in the origin of the vessels arising from the arch; the left vertebral artery

taking its rise from the Aorta, between the left carotid and left subclavian arteries.—*History unattainable.*

17. Very large Aneurism of the abdominal Aorta, with open sac: Caries of the vertebræ.—*Fort Pitt.*

From Daniel Baillie, 40th Regiment, æt. 40, who was admitted, complaining of pain and debility of the loins, and incapability of progression. He stated that eighteen months previously he had received a violent contusion on that part by a fall from a baggage-cart, since which period he had never been free from these symptoms. A pulsating tumour could be distinctly felt in the left lumbar region. He remained in hospital seven weeks, when death took place in consequence of the rupture of the aneurism internally. About ten pounds weight of coagula were extracted from the sac.

18. Aneurism of the abdominal Aorta, opening into the cavity of the belly.—*America.*

From a soldier of the 60th Regiment, who died suddenly on the bursting of the aneurismal sac.

19. Aneurism of the abdominal Aorta.—*Albany Hospital, Isle of Wight.*—*History unattainable.*

20. Aneurism of the popliteal artery.—*York Hospital, Chelsea.*—*History unattainable.*

21. Exhibits complete obliteration of the femoral artery, after an operation for popliteal Aneurism.—*Presented by Dr. Hennen, Deputy Inspector of Hospitals.*

The patient from whom this preparation was removed had undergone the operation for popliteal aneurism some time previous to his death, which ensued from another disease. The femoral artery was tied in the upper part of its course.

22. Semilunar valves of the Aorta, exhibiting fungiform excrescences.—*History unattainable.*

23. Extensive ossification of the Aorta, attended with dilatation of that vessel.—*Corfu.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*—*History unattainable.*

24. Section of Aorta, discoloured by melanotic matter.—*Corfu.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

From the body of a Greek. (Vide *Circulation*. Division I. No. 47.)

25. Femoral artery and Profunda, obstructed by a coagulum.  
—*Fort Pitt.*

From John Bell, 1st Regiment, æt. 47, admitted on account of an ununited compound fracture of the Os femoris, produced by a musket-ball at Waterloo, two years previously. While under treatment, the limb suddenly mortified from the cause shown in the preparation, and he died in fourteen hours. The femoral artery presented partial ossification of its tunics, when subsequently examined. (Vide No. 37.)

26. Rupture of the Aorta, immediately above its valves, in consequence of fungiform disease of its structure.—*History unattainable.*

27. Small Aneurism of the Aorta, by dilatation, beyond the valves; and calcareous deposit between the coats of that tube.—*History unattainable.*

28. Aneurism of the arch of the Aorta: the Heart enlarged; and the Pericardium thickened.—*Cape of Good Hope.—Presented by Dr. Macdounell, Surgeon, 57th Regiment.*

From James Quick, æt. 39, 55th Regiment, who was received into hospital with cough, slight expectoration, orthopnoea, anxious countenance, and irregular, and occasionally intermittent action of the Heart. He had also difficult deglutition, and sometimes complained of a sensation of choaking. He had long complained of pain in the chest, which he latterly referred to the region of the Sternum. As the disease advanced, he could respire only when the trunk was inclined forwards, and was constantly apprehensive of impending suffocation; he could take no sustenance; his limbs, particularly the upper extremities, became mottled and œdematous, and death soon terminated his sufferings. On dissection, the Heart and aneurismal tumour occupied a considerable part of the thoracic cavity. The sac pressed anteriorly against the sternum, and posteriorly against the Trachea and Œsophagus. A small ossified patch occupied the tunics of the Aorta, in the site of the lesion: the Heart and Pericardium mutually and universally adhered; and the right pleural cavity contained about a pint of serum. The Lungs were unaffected by disease.

29. Aneurism of the descending Aorta, which burst into the base of the left Lung.—*Ibid.—Presented by the same.*

From Gulliver Stola, a black pioneer. He had com-

plained of dull pain between the scapulæ, inability to repose, unless propped up in bed, and inordinate action of the Heart and arteries, by which he was incapacitated from duty, and invalided. A short time after, he was discovered dead on the sea-shore, where he had been bathing. On dissection, the left Lung was found collapsed to a mere line at its anterior edge, and was separated from the mediastinum by a firm coagulum three inches wide, extending from the clavicle to the diaphragm, and embracing the root of the Lung. The clot and fluid portion together measured five pints. The aneurismal tumour, two inches and a half in diameter, having insinuated itself under the œsophagus, had pushed forward that tube, and protruded itself into the substance of the left Lung at its base. Posteriorly it pressed against the vertebræ, producing caries of the bodies of two of them, which were thus involved in the sac, and became part of its parietes. The posterior portion of the Lung was soft, the pleura having, apparently, been long detached.

30. Large Aneurism of the arch of the Aorta, attended with dilatation of that vessel.—*Presented by Mr. Paterson, Assistant Surgeon, 52nd Regiment.*

From Corporal William Young, 52nd Regiment, a robust healthy man, until eighteen months previous to his death, when he received a blow from a cricket-ball on the breast. From that time his health declined: he became emaciated, and was subject to dyspnœa on exertion. About a year afterwards, it was remarked that the middle portion of the Sternum and adjoining cartilages had become deformed. Six weeks before his death, on sudden exertion, this curve outwards enlarged, extending as high up as the clavicle. At this period the pulsation of the tumour was frightful: the patient was a martyr to orthopnœa, dysphagia, and pain in the right arm, which gradually became benumbed: the pulsation in the left radial artery was feeble and irregular, in the right completely extinct; and the lower extremities became anasarcaous. Thus he dragged on a miserable existence, until death put an end to his sufferings. On dissection, the aneurism which constitutes the preparation was discovered. No rupture of the sac had taken place. The tumour pressed posteriorly on the Cœsophagus; anteriorly against the Sternum, part of which had become carious, or had been absorbed; and it had

also formed extensive adhesions with the adjoining viscera. (Vide Class III. *Locomotion*. Division I. No. 23.)

31. Extensive Aneurism of the arch of the Aorta.—*Fort Pitt*.

From William Adams, æt. 40, 14th Regiment, who was admitted, on arrival from India, with symptoms of chronic catarrh, which had existed for twenty months. Soon after, a more alarming class of symptoms arose, in addition to the cough and expectoration, viz., incapability of respiration, except in a sitting posture with the head inclined forwards; painful and difficult deglutition, and a sense of impending suffocation. On examination, an irregular convexity was now apparent at the upper part of the Sternum, where pulsation could be plainly observed, and its nature and cause detected by the stethoscope. At length a violent paroxysm of dyspnœa put a period to his existence. On dissection, a large aneurism, which had not burst, was found to occupy the whole arch of the Aorta, and to ascend on the Trachea and Œsophagus, as high as the inferior border of the left clavicle. The sac was in many parts very thin, and at these spots the coagula were thickest. The Sternum, and bodies of three of the vertebræ, against which the tumour had pressed, were carious, and partially absorbed.

32. Large Aneurism of the thoracic Aorta, with rupture of the sac; the bodies of the neighbouring vertebræ, and heads of the adjoining ribs carious.—*Halifax*.—*History unattainable*.

33. Dilatation of the arch of the Aorta, and Aneurism of the thoracic portion of that vessel, with rupture of the sac.—*Presented by Mr. Robertson, Surgeon, Royal Navy*.

From a convict, who, having complained of severe pain in the chest, soon after being engaged in laborious work, was relieved from duty, and retained in hospital. On the following day, while sitting up in bed, engaged in conversation, he suddenly reclined, and expired. On dissection, the aneurism which forms the subject of the preparation was discovered: effusion of blood, but not to a very considerable extent, had taken place into the left pleural bag; and the bodies of two of the vertebræ were found carious from the pressure of the tumour on them. (Vide Class III. *Locomotion*. Division III. No. 11.)



34. Exhibits Aneurism of the Popliteal artery, with opening in the sac.—*History unattainable.*
35. Small Aneurism of the Popliteal artery.—*History unattainable.*
36. Small (diffused?) Aneurism of the Popliteal artery.—*History unattainable.*

37. Portion of Femoral artery,—exhibiting points of ossification.—*Fort Pitt.*

From the same subject as No. 25.

38. Portion of the arch of the Aorta,—exhibiting diseased semilunar valves, and incipient Aneurism, commencing by solution of continuity of the internal tunic.—*Presented by Dr. Macdonnell, Surgeon, 57th Regiment.*

From a soldier of the 55th Regiment.

39. Excrescences growing from the semilunar valves of the Aorta.—*Fort Pitt.*

From William Pitt, 24th Regiment, æt. 23. (Vide Class II. *Digestion*. Division IV. No. 73.)

40. Ossified points deposited in the ascending Aorta.—*Malta.*—*Presented by Dr. Mahony, Surgeon, 7th Fusileers.*

41. Aneurism of the arch of the Aorta.—*Gibraltar.*—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

In this case the ascending Vena cava was obliterated by the pressure of the aneurismal tumour. Death is said to have taken place from “a clot falling into the aorta.”

42. Exhibits Aneurism of the abdominal Aorta, with ulceration of the bodies of the lumbar vertebræ; and affords a well-marked specimen of aneurism of the external coat of the artery, after destruction of the inner and middle tunics. The basis only of the sac, which was of prodigious magnitude, is shown. Notwithstanding the extensive ulceration of the vertebræ, the interposed fibrocartilages are intact.—*Presented by Mr. Baynton, Curator of the Museum of St. Bartholomew's Hospital.*

43. Basis of the Aorta,—exhibiting a cartilaginous condition of the inner tunic.—*Fort Pitt.*

From a middle-aged soldier, of intemperate habits, who had long served in the Mediterranean. He died of Phthisis, the severity of the symptoms of which ob-

scured those arising from the diseased condition of the Aorta. On dissection, the left ventricle was found thickened, and somewhat dilated. The Lungs were, throughout, pervaded by vomicae, and crude tubercular deposit.

44. Portion of Aorta, with thickening and cartilaginous induration of the inner tunic; affording an example of that form of disease termed "Tuberculate Steatoma."—*Fort Pitt.*

From James Cogle, 71st Regiment, æt. 40, whose constitution had been previously broken down by visceral disease. He was admitted with Paralysis, having lost all controul over the muscles of articulation and deglutition, as well as those of the right arm. He soon became emaciated and delirious; and, shortly after, was attacked with apoplexy, of the effects of which, having lingered a few days, he died.

45. Portion of descending Aorta, presenting tubercular deposit between the circular fibres of the vessel, and its inner membrane.—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

From a middle-aged woman. The right chambers of the Heart were vastly thickened, and dilated; and the aortic valves were loaded with osseous deposit.

46. Presents vegetations from the semilunar valves of the Aorta.—*Fort Pitt.*

From a soldier, who was affected with general anasarca, accompanied by a diffused and impulsive, but not irregular, action of the Heart. He died in three days after his reception into hospital. On examination, the Heart was found greatly enlarged; the aortal valves presented a fine specimen of fleshy excrescences; and the Lungs were very œdematous.

47. Semilunar valves of the Aorta covered with earthy deposit.—*Ionian Islands.*—*Presented by Mr. Roe, Surgeon, 28th Regiment.*

From the body of an Artillery-man, who had laboured under symptoms of hydrothorax.

48. Aneurism of the arch of the Aorta, communicating with the right Lung, by a small round opening. Small ulcerated points are observable at the commencement of the left Bronchia.—*History unattainable.*

49. Arch of the Aorta, with atheromatous deposit beneath the lining membrane, which is of a deep red colour.—*Fort Pitt.*

From John Breathing, 60th Regiment, affected with mania. He died in a state of atrophy, without any well-marked organic lesion. On dissection, the whole of the thoracic Aorta was found thus diseased. Even the inner coat of the carotids was of a red colour; but that of the abdominal Aorta had retained its natural appearance. This appearance of the artery was found in two other maniacs about the same period. The Lungs were also in a state of disease. (*Vide Respiration. Division III. No. 77.*)

50. Aneurism of the arch of the Aorta.—*Ionian Islands.—Presented by Mr. Roe, Surgeon, 28th Regiment.*

From the body of a tailor of that corps, a drunkard. He was received into hospital with a pectoral affection, of which the chief symptoms were cough, and hoarseness. He died of Phthisis. No suspicion was entertained during life of the existence of an aneurism.

51. Aneurism of the thoracic Aorta.—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*

From a soldier of the 60th Regiment, an habitual drunkard, who complained of violent pain in the region of the Heart, and between the scapulæ: the Heart's action was frequent and irregular, with which the pulse at the wrist was not synchronous. He died suddenly of a flood of blood from the Trachea. On examination after death, the hæmorrhage was found to have issued from the aneurismal sac, which had burst into the right Lung.

52. Aneurism of the arch of the Aorta, with very abundant deposit of bony matter.—*Chatham.—Presented by Dr. Richardson, Surgeon, Royal Marines.*

From William Lewis, æt. 49, a Gunner, R.N., whose complaints were of the following nature:—palpitation without pain in the cardiac region; intermitting pulse; cough, with muco-sanguineous sputa; irritability of the stomach, with occasional singultus; anxious expression of countenance; white tongue; urine scanty, and depositing a lateritious sediment; and orthopnœa, with a sense of impending suffocation. He died forty days after he was received into hospital. On dissection, besides the aneurism, several pints of a green fluid were

discovered in the thoracic cavities; and the Liver appeared much tuberculated and indurated.

53. Aneurism of the arch of the Aorta, bursting at the root of the left Lung: the irregular opening in the sac is produced by forcible separation from the Sternum, to which it had firmly adhered.—*Fort Pitt.*

From Thomas Smart, 55th Regiment, æt. 24. He was affected with unnatural fulness of the left pectoral integuments; pain on pressure of that part; and violent throbbing of the Heart against the 4th and 5th ribs, the pulsation not being synchronous with that at the wrists. While in the General Hospital, he had a serious attack of hæmoptysis, which, returning a second time, carried him off. *Dissection*:—On raising the Sternum, it was found to adhere to the upper part of an aneurismal sac, which was about the size of an orange, and had its anterior parietes formed of various layers of fibrine. The Heart was large; the semilunar aortic valves ossified; and the arch of the vessel contained much osseous matter beneath the inner membrane. This latter part of the Aorta was considerably dilated, and had given way in various places; it communicated anteriorly, by a circular opening, with the aneurismal sac of the preparation; with another small sac, to the right, near the Vena cava superior; and with an irregular cavity to the left, at the base of the left Lung. The last contained some loose fibrine, and was, probably, the part from which the hæmorrhage took place. The left Lung was greatly consolidated, and adhered to the ribs by a membrane of cartilaginous consistence.

54. Aneurism of the right subclavian artery.—*Malta.*—*Presented by Dr. Portelli.*

Taken from the body of a Maltese, who died of its rupture.

55. Femoral artery, on which a ligature had been applied below the A. profunda, for secondary hæmorrhage, after amputation of the thigh.—*Ibid.*—*Presented by Dr. White, Assistant Surgeon to the Forces.*

From a soldier of the 95th Regiment. On dissection, the Aorta was found diseased, and a coagulum was detected in the femoral vein. The reason for which the limb was removed was Caries of the Os femoris. (Vide Division III. No. 8; and Class III. *Locomotion*. Division I. No. 124.)

56. Portion of the abdominal Aorta, with deposit beneath the lining membrane.—*Malta.*—*Presented by the same.*

Taken from the same subject as the preceding preparation.

57. Aneurism of the ascending Aorta: the ruptured opening is indicated by the insertion of a piece of whalebone.—*Ibid.*—*Presented by Mr. O'Brien, Assistant Surgeon, 7th Fusileers.*

The aneurismal sac burst within the Pericardium, whereby sudden death was occasioned.

58. Aneurism of the ascending Aorta.—*Ibid.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

Taken from a soldier of the Rifle Brigade, who died suddenly. The Pericardium was found, on inspection, distended with blood: the rupture through which it had escaped could not be detected. The openings observable in the Aneurism were made, one by an incision, the other by the removal of coagulable lymph, which had plugged it up.

59. Aneurism of the thoracic Aorta, which had burst into the left cavity of the chest.—*Fort Pitt.*

From George Harwood, 49th Regiment, æt. 36, who had long complained of oppression of breathing, with occasional pain in the chest. When admitted, there was evident protrusion of the chest to the right side, and strong pulsation about the third and fourth ribs of the same side, but no irregularity of the heart's action. Subsequently, he complained of dysphagia, and a sensation of heat at the lower part of the Trachea. On post mortem examination, the left side of the chest was found to contain about a quart of bloody serum, with a loose coagulum floating in it, and weighing between two and three pounds. The arch of the Aorta was dilated, and, when cut open, exhibited some layers of fibrine. Below this was the aneurismal sac, containing various layers of fibrine, and an opening near the base of the left Lung, from which the fatal hæmorrhage had taken place.

60. Exhibits a diffused Aneurism of the Popliteal artery.—*Ibid.*

From Serjeant John Campbell, 45th Regiment, æt. 30, who was affected with the above-mentioned disease. At the period of his admission, he had an extensive tumour in the right ham, and inner and lower part of the same

thigh; in the latter direction it had already burst, and profuse hæmorrhage had taken place from the external opening, the repetition of which was only prevented by the constant application of the tourniquet. All things considered, it was deemed advisable to amputate the limb, which was accordingly done. The patient survived the operation only thirty-two hours. On removing the integuments from the limb, the muscles were found much displaced, and infiltrated with blood: about three or four pounds of coagulum were readily removed, which at the point of connexion with the artery had adhering to it part of a small sac formed of coagulable lymph, the remainder of which may be observed surrounding the opening in the artery. Above the morbid point, the vessel was pervious; below, it was plugged up with coagulable lymph for about three inches of its course. (Vide Drawing, No. 10; and Class III. *Locomotion*. Division I. No. 134.)

61. Presents obliteration of the left common Iliac artery, and greatly diminished calibre of the right.—*Malta*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals*.

Taken from a soldier of the 95th Regiment, who died suddenly from pulmonary apoplexy. During life, there had been no indication of this diseased condition of the above-mentioned arteries.

62. Atheromatous deposit beneath the inner membrane of the ascending portion of the Aorta.—*Ibid.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals*.

From the same subject as the preceding.

63. Portion of Aorta,—exhibiting considerable deposit of osseous matter beneath the inner coat.—*Ibid.*—*Presented by Mr. Fiddes, Surgeon, 85th Regiment*.—*History unattainable*.

64. Part of the arch of the Aorta, with much atheromatous matter beneath the lining tunic.—*Ibid.*—*Presented by the same*.

Taken from the same subject as the preceding.

65. Aneurism of the abdominal Aorta.—*Presented by Mr. Whyte, Surgeon, 69th Regiment*.

Taken from the body of Corporal George Cox, 15th Regiment.

66. Semilunar valves of the Aorta,—exhibiting thickening and elongation.—*Fort Pitt*.

From Thomas Pettit, 24th Regiment, æt. 23, who died of Consumption, without any external evidence of a morbid condition of the Heart. On dissection, four ounces of serum were detected in the cavity of the Pericardium; and the Lungs were consolidated by tubercular deposit.

67. Semilunar valves of the Aorta, with osseous matter deposited at their bases.—*Fort Pitt.*

From John Fleming, æt. 46, many years a melancholic patient in the Lunatic Asylum, who died of acute pectoral disease. On dissection, the Lungs were found loaded with serum; the Pericardium adhered at many parts to the Heart, and its surface was covered with a recent effusion of lymph. There was considerable hypertrophy of the left ventricle; numerous atheromatous points beneath the lining membrane of the Aorta; and retroversion of the semilunar valves.

68. Brachial artery obliterated by ligature: a plug of lymph extending up to the nearest branch.—*Ibid.*

In this case the brachial artery was tied on account of hæmorrhage from an ulcer; and the bleeding recurring in a few hours, the limb was amputated. On examination, it was found that both the brachial artery and vein had been opened by the ulceration. The case proved fatal from other causes, about a month after the operation.

From the same subject as No. 89. *Respiration.* Division III.

69. Semilunar valves of the Aorta,—exhibiting considerable cartilaginous deposit at the junction of the two portions, whereby the calibre of that tube is much diminished.—*Ibid.*

From James Angel, æt. 35, Rifle Brigade, an imbecile patient in the Lunatic Asylum, who died of Erysipelas in the head. No symptoms were at any time noted in connexion with the disease displayed in the preparation.

70. Abdominal Aorta,—exhibiting a horizontal Wound through its coats.—*Madras.*—*Presented by Dr. Strachan, Inspector General of Hospitals.*

From Robert Foster, 41st Regiment, æt. 22. The wound was produced by the bayonet of a sentry, whom he endeavoured to force, when intoxicated. He survived

the accident about three hours. On dissection, the abdomen was found distended with coagulated blood.

71. Extensive aneurismal dilatation of the arch of the Aorta, with some layers of coagulum deposited about the anterior walls of the sac.—*Fort Pitt.*

From Peter M'Glashin, æt. 42, 40th Regiment. He was admitted on his return from India, having served in a hot climate eight years. His respiration was attended by a wheezing, hollow sound; he had some cough; countenance distressed; pulse feeble; he was unable to stand upright, or to assume a horizontal position, but, from the moment of admission to that of his death, invariably remained in a sitting posture, any attempt to lie down producing a feeling of suffocation. He expired very suddenly. On dissection, it was discovered that the Heart had formed adhesions to the Pericardium; extensive traces of ancient pulmonic disease existed; about a pint of coagulum was found in the aneurismal cavity, which also contained layers of fibrine of considerable thickness; and, in some parts, the lining membrane was raised in a tuberculated form by the deposition of atheromatous matter.

72. Exhibits an Aneurism of the arch of the Aorta.—*Malta.*  
—*Presented by Mr. Martin, Surgeon, 73rd Regiment.*

From a soldier of the 73rd Regiment, who died from rupture of the aneurismal tumour, and effusion of blood into the left pleural bag.

73. Exhibits the basiliary artery, with its division; the right vertebral being much smaller than the left.—*Ibid.*—*Presented by the same.*

From the same subject as the preceding.

74. Portion of Aorta,—exhibiting osseous deposit between its tunics.—*Ibid.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

Taken from the body of a tailor, who died suddenly.

75. Portion of the common iliac artery,—exhibiting deposition of bony matter.—*Ibid.*—*Presented by the same.*

From the same subject as the preceding.

76. Atheromatous deposit beneath the inner membrane of the thoracic Aorta: the calibre of the vessel much enlarged.  
*Ibid.*—*Presented by Mr. Fiddes, Surgeon, 85th Regiment.*



From a soldier of that corps, who died of Consumption. The left Lung contained many large vomicæ.

77. Portion of the descending Aorta,—exhibiting considerable dilatation, and atheromatous deposit beneath its inner coat.—*Malta.*—*Presented by Mr. Martin, Surgeon, 73rd Regiment.*

From the same subject as No. 72.

78. A Coagulum, taken from an aneurismal tumour in the arch of the Aorta.—*Ibid.*—*Presented by the same.*

From the Aneurism, which forms the subject of No. 72.

79. Portion of Aorta,—exhibiting extensive deposit of osseous matter on the external surface of the inner coat.—*Fort Pitt.*

From Edward Severn, æt. 29, Newfoundland Veteran Company. Admitted, on his arrival from Newfoundland, in a very emaciated state, labouring under a rheumatic affection of the extremities, severe cough, dyspnœa, and purulent expectoration; beneath which maladies he gradually sunk. On dissection, besides the condition of the Aorta above adverted to, the Lungs were found to contain much tubercular deposit, and there was a large excavation in the upper part of the right organ; the left pleural cavity also contained about a pint of fluid. The Liver was large, with edges thickened and rather friable.

80. A small portion of Aorta, with a deposit of osseous matter on the outer surface of the inner tunic.—*Ibid.*

From the same subject as the preceding.

81. Portion of Aorta,—showing the semilunar valves considerably thickened, and a deposition of bony matter beneath the inside coat of the vessel.—*Ibid.*

From Joseph Bradcock, 80th Regiment, æt. 41. On admission, the action of the Heart was violent and throbbing; respiration laborious, almost to suffocation; mucous râle very audible in the chest; the pulse quick and labouring; and he had severe pain in the cardiac region. A most distressing cough ultimately supervened; the expectoration, which was at first mucoid, became profuse and purulent; the extremities cold; and the face bathed in sweat; death soon afterwards terminated his sufferings. On dissection, the Pericardium was loaded with six ounces of serum: the Heart was

enlarged, more particularly the left ventricle: the Lungs adhered throughout to the costal parietes, and parts of their inferior lobes were somewhat carnified; the bronchial lining was intensely red, and the tubes contained a viscid excretion.

82. Portion of Aorta,—showing extensive bony deposit beneath the inner tunic.—*Fort Pitt.*

From the same subject as No. 89. *Circulation.* Division I.

83. Right internal carotid artery,—exhibiting at its origin a cartilaginous deposit, and sacculus.—*Malta.*—*Presented by Mr. Martin, Surgeon, 73rd Regiment.*

84. Aneurism of the Arteria innominata, which burst into the Lung at the spot where a small part of that viscus is visible in the preparation. Parts of all the blood-vessels connected with, or in the neighbourhood of, the disease are preserved and perceptible.—*Ionian Islands.*—*Presented by Dr. M'Munn, Assistant Surgeon, 10th Regiment.*

85. Aneurism of the arch of the Aorta.—*Malta.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*—*History unattainable.*

### DIVISION III.—DISEASED STRUCTURE OF VEINS.

1. Tumour situated above the Vena cava inferior, immediately at its termination in the right auricle: the Heart enlarged.—*Fort Pitt.*

From John Lang, 60th Regiment, æt. 43, admitted, on his arrival from Jamaica, with hæmatemesis, to which he had formerly been subject; and also complaining of acute pain in the region of the Spleen, which extended to the Sternum, and was increased on inspiration: these complaints he attributed to an injury he had received some time previously. While in hospital, the hæmatemesis frequently returned, and his fæces were tinged with blood. After death the lesions preserved in the prepa-

ration were discovered; the Liver contained large, brown tubercles; and the great Intestines were ulcerated.

2. Large Coagulum surrounding the Aorta and Vena cava, effused by ulceration of the latter vessel; which, also, has lymph poured out on its inner surface.—*France*.—*Presented by Dr. Murray, Surgeon to the Forces*.—*History unattainable*.

3. Ulceration of the Femoral Vein, at the point where the Vena Saphena enters.—*Fort Pitt*.

From John Cogan, æt. 38, 35th Regiment, admitted with a large lacerated and contused wound in the left thigh, from the passage of a cart-wheel over the limb. Three weeks after the accident it was deemed expedient to amputate, in consequence of profuse hæmorrhage from the femoral vein, which had been tied. He died of Phlebitis on the tenth day after the operation.

4. Portion of Vein,—exhibiting Varix.—*Cape of Good Hope*.—*Presented by Dr. Macdounell, Surgeon, 57th Regiment*.

This vein had been operated on, with a view to remove its varicose state by complete division and obliteration of the vessel: only partial division was, however, effected, and it subsequently resumed its natural diameter, and continued pervious.

5. Portion of Vein,—exhibiting the effects of inflammation.—*Edinburgh*.—*Presented by Dr. Knox*.—*History unattainable*.

6. Popliteal Vein,—exhibiting complete obliteration of its calibre by a sanguineous coagulum.—*Presented by Dr. Bushe, Assistant Surgeon to the Forces*.

A man, in consequence of a fall from a building, comminuted his Tibia and Ankle-joint: mortification subsequently ensuing, the limb was amputated above the knee, when the state of parts in the preparation was discovered.

7. External Iliac Artery and Vein; the calibre of the latter obliterated by copious effusion of a substance resembling lymph.—*Birmingham*.—*Presented by Dr. Jones, Surgeon, 1st Dragoon Guards*.

Taken from a woman, who died of Phlegmasia dolens.

8. Femoral Vein, containing coagulable lymph.—*Presented by Dr. White, Assistant Surgeon to the Forces.*

From a patient who had a ligature placed on the femoral artery, on account of secondary hæmorrhage after amputation of the thigh.

9. Portion of Vena cava inferior, containing a coagulum, which descends into the Iliac veins, completely closing the right canal.—*Malta.—Presented by Mr. Lightbody, Surgeon, 80th Regiment.*

Taken from George Darlington, 80th Regiment, who died from this cause. The right lower extremity became much swollen, and cold, previous to death. On examination, a tumour was discovered, which produced pressure on the Vena cava, obstructing its channel.

10. Superior Mesenteric Vein, which opens into a sac. The vein is indicated by a piece of bougie.—*Ibid.—Presented by the same.*

From the same subject as the preceding.—The tumour therein alluded to, is the subject of this preparation: it was formed by a sac, or cavity, into which the superior mesenteric vein poured its blood.

11. Coagulable lymph in the branches of the Vena Portæ.—*Ibid.—Presented by Dr. Hodson, Surgeon, 95th Regiment.*

Taken from Serjeant Jenkins, of that corps.

12. Left Iliac and Femoral Vein, with its continuation to the ankle, plugged up with coagulum.—*Ibid.—Presented by Dr. Scott, Surgeon, Rifle Brigade.*

Taken from a soldier of that corps, who died of Phthisis pulmonalis. The state of the vein was indicated a considerable time before death by swelling of the limb, and acute pain in the groin.

13. A Coagulum, adhering firmly to the inside of the left Iliac Vein.—*Ibid.—Presented by Mr. Martin, Surgeon, 73rd Regiment.*

## DIVISION IV.—DISEASED STRUCTURE OF ABSORBENTS.

1. Upper part of Thoracic Duct, containing a coagulum.—*Malta.*—Presented by Dr. Davy, Assistant Inspector of Hospitals.—History unattainable.
  2. Unusual course of the Thoracic Duct across the Aorta.—*Malta.*—Presented by Mr. Martin, Surg., 73rd Regiment.
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## Class II.—NATURAL FUNCTIONS.

### DIGESTION.

## DIVISION I.—DISEASED STRUCTURE OF PHARYNX, ŒSOPHAGUS, &c.

1. Œsophagus,—exhibiting ulceration, and stricture.—*West Indies.*—Presented by Mr. Campbell, Assistant Surgeon, 25th Regiment.

The subject from whom this preparation was removed had been given to intoxication; and the disease had been known to exist about eight months.

2. Œsophagus,—exhibiting many small cysts which contained pus, situated between that tube and the Larynx and Trachea.—*Fort Pitt.*

From Peter M'Neil, 78th Regiment, who was admitted with Hernia humoralis. When convalescent, he was attacked with pain in the throat, and dysphagia; and, five days after, with urgent dyspnoea, and pain in the left hypochondrium; the former to such a degree, as shortly to terminate in suffocation, although Bronchotomy was performed. He survived the operation but one hour.

3. Tongue, Trachea, and Œsophagus,—exhibiting traces of Inflammation.—*Ibid.*

Taken from a man, who died of Hydrophobia.

4. Ulceration of the soft Palate.—*Ibid.*—*History unattainable.*

5. Œsophagus,—exhibiting abrasion of the inner coat.—*Ibid.*

From Cornelius Conway, 8th Light Dragoons, æt. 28. On his arrival from India, where he had served eleven years, he was admitted with chronic dysentery; of which, in a short time, he died. While abroad, he had repeated attacks of fever and dysentery, and had been as often salivated. On examination, the large Intestines were found thickened, and extensively ulcerated.

6. Malignant ulceration, which has destroyed a great part of the Tongue.—*Gibraltar.*—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

From a soldier of the 23rd Regiment. The disease, in connexion with diarrhœa, proved fatal.

7. Pharynx and Tongue, with deficiency of the Velum pendulum palati.—*Fort Pitt.*

From Thomas Lock, 13th Light Dragoons, æt. 30, admitted in an advanced stage of pulmonary Phthisis. When he attempted to swallow fluid, the greater part of it regurgitated through the meati narium. He stated that he had been repeatedly salivated for venereal affections, and that ulceration, and sloughing of the soft palate, had existed. On dissection, exostosis presented on the front of the cervical vertebræ; the tibia was thickened from osseous deposition; and the glans penis was found nearly destroyed. (*Vide Class III. Locomotion. Division III. No. 23.*)

8. Œsophagus,—exhibiting a rough layer of lymph thrown out on its lining membrane.—*Portsmouth.*—*Presented by Dr. Tuthill, Assistant Surgeon, 52nd Regiment.*

From the body of Jane Walley, æt. 23, who put a period to her existence by swallowing a large dose of oxalic acid.

9. Œsophagus, affected with an ulcer, which communicated by a sinus with the posterior mediastinum.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*

From a soldier, who died of Pneumonia.

10. Tonsil,—exhibiting a cavity, from ulceration and sloughing.—*Ibid.*—*Presented by Mr. Martin, Surgeon, 73rd Regiment.*

From Patrick M'Donnough, 88th Regiment, who died of Phthisis pulmonalis.

## DIVISION II.—DISEASED STRUCTURE OF THE STOMACH.

1. A portion of Stomach,—exhibiting Scirrhus, condensation, and contraction of the pyloric orifice.—*Fort Pitt.*

From John Sullivan, who died of tubercular Phthisis. No gastric symptoms were observed during life.

2. Portion of Stomach, presenting a small puncture.—*York Hospital, Chelsea.*

From Serjeant Thomas Kendal, æt. 58, who was assassinated. He had received six wounds in various parts of the body: that in the Stomach proved fatal on the third day.

3. Stomach,—exhibiting an extensive ulcer, with an elevated and firm edge, situated on its convex surface, near the pyloric orifice.—*Fort Pitt.*

From Edward Burns, 95th Regiment, who was admitted with primary symptoms of Syphilis, and attacked with fever, of which he died suddenly, after drinking immoderately of barley-water.

4. Stomach,—exhibiting ulceration and thickening of the pyloric extremity.—*Presented by Dr. Chermiside, Surgeon, 10th Hussars.*

From Joseph Cross, 10th Hussars, who was given to excess in spirits, and had been declining in health and strength two months before admission. He was affected with nausea, vomiting, anorexia, loss of appetite, abdominal distension, and irregularity of bowels: latterly, he became extremely emaciated and debilitated; and died in ten weeks from his reception into hospital.

5. Stomach, showing petechial disease, with thickened and irregular inner membrane.—*Fort Pitt.*

From Serjeant John Gibbs, 65th Regiment, æt. 37, admitted moribund of Scurvy, on his arrival from India. His constitution appears to have been previously broken down by rheumatism and dysentery, and the use of large quantities of mercury. He died the morning following his admission.

6. Stomach,—exhibiting extensive ulceration of its great extremity, communicating with the Spleen.—*Ibid.*

From John H. Lang, 60th Regiment, æt. 43, who complained of pain in the region of the Spleen, extending towards the Sternum, increased by full inspiration, and sudden expirations. He attributed his complaint to an injury which he had received in Jamaica some time previously, since which he had never been free from pain in the site of the great extremity of the Stomach, and had occasionally been subject to hæmatemesis. While under treatment he had frequent attacks of sanguineous vomiting and dejections. On examination after death, the Liver was found to be tuberculated, and the Stomach and Spleen in the state here described.

7. Stomach,—contracted, thickened, indurated, and ulcerated.—*France.*—*Presented by Mr. Booty, Assistant Surgeon to the Forces.*

From Serjeant Robert Sharpless, Rifle Brigade, æt. 31, who had Ascites, with supposed hepatic disease, his bowels being constipated, and stools clay-coloured. Towards the termination of the malady his appetite failed, and became capricious, and, after eating, he felt a sense of oppression about the præcordia, with inclination to vomit. He had been latterly addicted to drinking.

8. Stomach,—ulcerated, and adhering to the Liver.—*Fort Pitt.*—*History unattainable.*

9. Stomach,—exhibiting Scirrhus, and ulceration of the Pylorus.—*Canada.*—*Presented by Dr. Wright, Deputy Inspector General of Hospitals.*

Taken from a woman, whose food was said to pass through the intestinal canal undigested.

10. Stomach,—exhibiting a large aperture in its bulging extremity.—*Fort Pitt.*—*History unattainable.*

11. Stomach, with inflammation and erosion of its bulging extremity.—*Ireland.*—*Presented by Mr. Martindale, Surgeon, 17th Regiment.*

From John McGrath, who, while in hospital, swallowed a drachm of oxymuriate of mercury and half an ounce of laudanum. The following symptoms occurred: vomiting and abdominal pain, succeeded by signs of enteritic inflammation: on the second day, continued vomiting, with occasional hiccough; on the third, in addition to these, violent salivation ensued; and on the fourth, dysenteric symptoms appeared, with great debi-



lity. In this state he continued, until late on the seventh day, when he became suddenly worse, and expired. On dissection, the Stomach was found as above described; small Intestines free from disease; Cæcum and Colon thickened and inflamed, with erosion of the mucous membrane, and effusion of lymph, which hung inwards, presenting a rugged appearance. The left Lung adhered to the Pleura costalis, and was completely hepatized. (Vide Drawing, No. 20.)

12. Stomach,—exhibiting scirrhus ulceration of the Pylorus.—*Fort Pitt.*—*History unattainable.*
13. Stomach,—exhibiting tubercular ulceration of its mucous membrane.—*Ibid.*—*History unattainable.*
14. Stomach,—much thickened, with extensive ulceration of its mucous coat.—*Ibid.*—*History unattainable.*
15. Tubercular disease of the peritoneal coat of the Stomach, which adheres to the Liver.—*Ibid.*—*History unattainable.*
16. Stomach,—exhibiting extensive inflammation of its mucous coat.—*Portsmouth.*—*Presented by Dr. Dease, Surgeon to the Forces.*  
A recruit was affected with confluent small-pox, and died on the seventh day. On dissection, the Stomach was found in the state here described.
17. Ulceration of the Pylorus.—*Fort Pitt.*  
From Edward Lockhart, Newfoundland Veteran Company, who was reported to have been an habitual drunkard. Three weeks previous to admission he was attacked with pain and sickness of stomach: latterly he vomited both food and medicine, and stools were only procured by enemata.
18. Portion of Stomach and Duodenum,—exhibiting an ulcer with very defined edges, extending through the coats of the Pylorus.—*Gibraltar.*—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*  
From a soldier, who, having been ill many years with dyspeptic complaints, eventually died of inflammation of the Lungs.
19. Stomach,—exhibiting an ulcer, which perforates all its coats.—*Fort Pitt.*

From Michael Mulholland, 89th Regiment, admitted with chronic dysentery. He complained of pain in the epigastric region, with vomiting after meals; and was supposed to labour under disease of the Pylorus. (Vide *Painting*, No. 2.)

20. Cancer of the Stomach, situated midway between the oesophageal and pyloric orifices.—*London*.—*Presented by Mr. Titus Berry, Surgeon to the Forces*.

From Alexander Brown, æt. 68, a tailor, who in early life had been addicted to spirit drinking. For eighteen months previous to death he was affected with repeated attacks of vomiting, accompanied by a burning sensation in the umbilical region. He gradually lost his appetite, flesh, and strength, and died in a fit of vomiting. The right lobe of the Liver, on inspection, was tuberculated.

21. Pyloric end of the Stomach,—exhibiting the effects of poison.—*Nottingham*.—*Presented by Mr. Colclough, Surgeon, 9th Lancers*.

The poison swallowed was one ounce of the oxymuriate of mercury. The patient survived this dose ten hours, and died of Gastritis.

22. Exhibits Scirrhus of the Pylorus.—*Fort Pitt*.

From John Meyers, Rifle Brigade, æt. 40, who was much addicted to drinking. He was affected, for seven months previous to death, with pyrosis, flatulency, palpitation, occasional swelling of the abdomen, vomiting after meals, sallow countenance, and emaciation; but never complained of pain in the pyloric region, even on strong pressure. On dissection, the Stomach was found to contain about three pints of a brownish fluid; the pyloric orifice would scarcely allow of the passage of a crow-quill, and was surrounded by scirrhus matter, the tubercular form of which is visible in the preparation. In the right lobe of the Liver was also a scirrhus tubercle (Vide *Secretion*. Division II. No. 69.). The Lungs contained some granular tubercles, and small excavations; and the Pleuræ exhibited the effects of chronic inflammation.

23. Ball,—taken from the Stomach of a Sheep.—*Cape of Good Hope*.—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment*.

24. Stomach,—exhibiting a large ulcerated opening.—*Pre-*

*sented by Mr. Jones, Surgeon, Ordnance Medical Department.*

From a soldier of the Royal Artillery.

25. Portion of Stomach,—exhibiting a Cicatrix.—*Malta.*—*Presented by Mr. Martin, Surgeon, 73rd Regiment.*

From a soldier of the 85th Regiment.

26. Exhibits extensive solution of continuity of the great arch of the Stomach.—*Ibid.*—*Presented by Mr. Smyth, Assistant Surgeon, 85th Regiment.*

From the same subject as No. 91. Class I. *Respiration.*  
Division III.

27. Portion of Stomach,—exhibiting the result of inflammatory action.—*London.*—*Presented by Dr. Alexander, Surgeon to the Forces.*

From Robert Lowry, æt. 23, who was admitted with congestive fever, excited by intemperance and exposure to cold: the epigastrium was painful on pressure, the stomach very irritable, and the pulse small and rapid. Previous to death a miliary eruption appeared on the skin, and that event was ushered in by convulsions. On dissection, the Liver was found enlarged, and united by ancient adhesions to the diaphragm. The inner surface of the Stomach presented numerous large brown striæ, giving the parts a marbled appearance towards the smaller arch, so dark as to resemble melanosis. This lesion was chiefly perceptible towards the cardiac end.

28. Ulcer of the inner coat of the Stomach.—*Ireland.*—*Presented by Dr. Barclay, Surgeon, 21st Regiment.*

From William Tully, 21st Regiment, who was addicted to the use of ardent spirits, and died of Phthisis pulmonalis.

29. Portion of Stomach,—exhibiting abrasion, ulceration, and superficial slough.—*Ibid.*—*Presented by the same.*

From John Burke, 21st Regiment, who died of Anasarca, occasioned by intemperance in the use of ardent spirits.

30. Ball,—taken from the Stomach of a Sheep, divided, to show its structure.—*Cape of Good Hope.*—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*

From the same animal as No. 23.

31. Stomach,—with general thickening of its coats, and ulce-

rated opening at the Pylorus.—*Malta.*—*Presented by Dr. Portelli.*

Taken from a Maltese of the Royal Fencibles, who died suddenly, after eating a large quantity of figs, owing to rupture of the ulcerated part, which had previously adhered to the surface of the Lobulus Spigelii of the Liver. The contents of the Stomach had passed through this opening into the abdominal cavity. The Stomach itself weighed fifteen ounces and a half, and was capable of containing thirteen pints of fluid.

### DIVISION III.—DISEASED STRUCTURE OF SMALL INTESTINES.

1. Portion of Ileum,—exhibiting ulceration.—*Presented by Dr. Hennen, Deputy Inspector General of Hospitals.*

The patient from whom it was removed died of fever, on the seventh day.

2. Portion of ulcerated Ileum.—*Presented by the same.*—*History unattainable.*
3. Ulceration of the Ileum.—*Presented by the same.*—*History unattainable.*
4. Portion of Ileum,—exhibiting intus-susception.—*Fort Pitt.*  
From William Hunt, 69th Regiment, æt. 42, admitted, on his arrival from India, labouring under chronic Hepatitis: he had also cough, and copious expectoration. He died on the third day after admission. On dissection, the Pericardium was found to be adherent to the Heart; the Liver enlarged and indurated; the Colon ulcerated; and the Ileum intus-suscepted. (Vide Division III. No. 4.)
5. Presents another specimen of this disease.—*Ibid.*—*History unattainable.*
6. Portion of Ileum,—exhibiting tubercles.—*Ibid.*—*History unattainable.*
7. Intus-suscepted portion of Intestine, withdrawn to exhibit an adhesion.—*Ibid.*

From John Briggs, 65th Regiment, æt. 23, who was admitted complaining of severe pain in the loins, greatly

aggravated by extending the trunk of the body; face flushed, eyes suffused, tongue white, appetite impaired, bowels constipated. He died after two days treatment. On dissection, all the viscera were sound, except the small Intestines, which were intus-suscepted at two different points. Considerable vascularity was observed at the lower end of the Ileum.

8. Ileum,—exhibiting ulceration, and a layer of coagulable lymph on its peritoneal surface.—*Fort Pitt.—History unattainable.*
9. Portion of intus-suscepted Ileum.—*Ibid.*  
From the same subject as No. 7.
10. Presents another specimen of Intus-susceptio Ilei.—*Ibid.*  
—*History unattainable.*
11. Portion of Ileum,—exhibiting Sphacelus.—*Ibid.—History unattainable.*
12. Portion of Ileum,—exhibiting ulceration.—*Ibid.*  
The soldier, from whom this specimen was taken, died of a bowel complaint of three months' duration.
13. Portion of small Intestine, forming adhesions with itself, and exhibiting tubercular disease of its peritoneal coat.—*Ibid.—History unattainable.*
14. Portion of Jejunum,—exhibiting varicose lacteals.—*Ibid.*  
From Andrew Munro, 72nd Regiment, æt. 29, who, being admitted with Phthisis pulmonalis of seven months' duration, died in a fortnight. After death, the Lungs were found to be tuberculated, the mesenteric glands enlarged, and numerous lacteals were seen filled with chyle. The Ileum, at its inferior part, was ulcerated.
15. Part of the Ileum and Mesentery,—exhibiting enlargement of the mesenteric glands from Scrofula; with a varicose state of the lacteals.—*Chatham.—Presented by Dr. Bushe, Assistant Surgeon to the Forces.*  
From John Walsh, who, for twelve months, had been affected with scrofulous ulcerations in the neck. For three months previous to death, the conglobate glands in all the superficial parts of the body were enlarged. This state was attended with emaciation, extreme debility, cough, purulent expectoration, diarrhœa, and night sweats. Under these symptoms he sunk. After death,

the Lungs were found tuberculated and ulcerated, as were also the Intestines: round these diseased parts serous congestion had taken place. The Liver had a marbled appearance, and was highly granular. The mesenteric glands were much enlarged.

16. Portion of small Intestine,—exhibiting tubercles in a state of ulceration.—*Chatham*.—*Presented by the same*.

From the same subject as No. 15.

17. Portion of Ileum,—exhibiting ulceration.

From John Kirkham, 6th Regiment, æt. 19, admitted with fever. He stated that he had lately recovered from the effects of a severe burn, and was subject to bowel complaints. He died on the fifth day after admission. The Intestines were afterwards found greatly diseased.

18. Portion of Ileum,—exhibiting sero-scrfulous ulceration.—*Fort Pitt*.—*History unattainable*.

19. Small Intestines strangulated by a portion of omentum, which had formed adhesions round the root of the Mesentery.—*Ibid*.

From Peter Hardy, 42nd Regiment, who had been frequently attacked with bowel complaints at Gibraltar, (from whence he was invalided,) and since these had subsided, by colic: after one of these seizures symptoms of Enteritis supervened, to which he rapidly fell a victim.

20. Portion of Intestine, on which is a varicose lacteal.—*Ibid*.

From Serjeant-major Strong, æt. 37, who, being admitted with Consumption, died after two months' treatment.

21. Presents another example of the same.—*Ibid*.

From John Millar, 91st Regiment, who being also admitted with Consumption, died at the end of four months. On dissection, two pints of pus were found in the right pleural cavity; the Lungs were tuberculated; the Intestines ulcerated; the lacteals varicose.

22. Portion of small Intestine,—exhibiting ulceration.—*Edinburgh*.—*Presented by Mr. Martindale, Surgeon, 17th Regiment*.

From John Shortell, 17th Regiment, æt. 20, of a strong and healthy appearance, who was admitted under a continued form of fever, from which he became con-

valescent; but having encountered a relapse, the disease degenerated into a formidable Typhus, of which he died on the 11th day. After death, the small Intestines appeared inflamed externally in patches, especially at the lower part of the Ileum; on opening them, extensive ulcerations were observed, reaching to the valve of the Colon. The Liver was indurated to a degree approaching to scirrhus. (Vide Division IV. No. 39.)

23. Ulceration of small Intestines.—*Edinburgh.*—*Presented by the same.*

From the same subject as No. 22.

24. Another specimen, in which the ulceration extends to the valve of the Colon.—*Ibid.*—*Presented by the same.*

From the same subject as Nos. 22 and 23.

25. Portion of Ileum, ulcerated.—*Fort Pitt.*—*History unattainable.*

26. Portion of small Intestine,—exhibiting a fatty tumour imbedded in its coats.—*Ibid.*—*History unattainable.*

27. Ileum,—exhibiting ulceration, and effusion of lymph.—*Ibid.*—*History unattainable.*

28. Portion of Jejunum,—exhibiting ulceration.—*Ibid.*

From Lawrence Tugwell, æt. 25, 4th Regiment, received into hospital with chronic Hepatitis, contracted in the West Indies; he died, after being sixteen days under treatment. On dissection, effusion was found to have taken place into the chest; the Lungs were consolidated and tuberculated; the Trachea ulcerated; and the small Intestines ulcerated along the whole course of their canal.

29. Ileum,—exhibiting an ulcerated perforation.—*Corfu.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

In this case, effusion of the fæculencies into the cavity was the consequence; and a fatal peritoneal inflammation ensued.

30. Ulcerated Ileum.—*Malta.*—*Presented by Dr. Mahoney, Surgeon, 7th Fusileers.*

The result of remittent fever.

31. A similar preparation.—*Ibid.*—*Presented by the same.*

From the same subject as the preceding.

32. Small Intestines,—united by coagulable lymph.—*History unattainable.*
33. Small Intestines,—agglutinated by coagulable lymph.—*History unattainable.*
34. Portions of Omentum, forming adhesions together.—*History unattainable.*
35. Ileum,—exhibiting petechial spots between its coats.—*Fort Pitt.*

From John Parker, æt. 29, 13th Regiment, invalided for pulmonic disease. On the day after his admission into hospital he complained of headache, and other symptoms of fever, the skin of the face and trunk being unusually red: on the following day this appearance had extended to the extremities, with pulse of 110, copious discharge from the nose, and sputa tinged with blood. On the fifth day he died. After death, effusion was found to have taken place into the Lungs; and petechial spots were observed on the surface of the Heart, and between the coats of the Intestines. (Vide Class I. *Circulation*. Division I. No. 27.)

36. Small Intestines,—agglutinated by bands of lymph.—*Mauritius*.—*Presented by Dr. Shanks, Assistant Surgeon, 82nd Regiment.*

From a black pioneer, who was admitted with a fluctuating swelling of the abdomen, fulness and induration of the hepatic region, scanty secretion of urine, torpid bowels, and anasarcaous extremities. These symptoms becoming aggravated, and dyspnoea, cough, debility, and emaciation supervening, he died in six months after the commencement of his illness. On dissection, the Liver was found thickly studded with pale, yellow, tubercles; at the anterior margin of the left lobe it adhered to the pyloric extremity of the Stomach, where an abscess was detected communicating with that viscus; the Peritoneum and abdominal muscles were firmly agglutinated by bands of organized lymph, interspersed with innumerable tubercles of various sizes; and the thoracic, and abdominal cavities contained about three pints of serous fluids.

37. Enlarged Mesenteric Glands.—*Fort Pitt*.—*History unattainable.*



38. Presents an example of Intus-susceptio Ilei.—*Fort Pitt.*  
—*History unattainable.*
39. A specimen of enlargement of the Mesenteric glands.—  
*Presented by Sir James Grant, Inspector General of Hos-*  
*pitals.*—*History unattainable.*
40. Portion of Ileum,—exhibiting incipient ulceration, which  
has its seat in the mucous follicles.—*Fort Pitt.*—*History*  
*unattainable.*
41. Portion of Ileum,—exhibiting a Diverticulum.—*Ibid.*—  
*History unattainable.*
42. Enlarged Mesenteric glands.—*York Hospital, Chelsea.*—  
*History unattainable.*
43. Portion of Ileum,—exhibiting numerous small scrofulous  
tubercles.—*Ibid.*  
The subject from whom this preparation was taken  
was admitted with Phthisis pulmonalis, and died in three  
days. The Lungs were afterwards found tuberculated:  
the contents of the abdomen were firmly adherent toge-  
ther, and studded with tubercles.
44. Ulceration of the Ileum at its termination.—*Fort Pitt.*—  
*History unattainable.*
45. Presents a similar lesion of that Intestine.—*Ibid.*  
From John Hannan, æt. 21, 3rd Regiment, who was  
admitted into hospital, labouring under typhoid sym-  
ptoms, with diarrhœa of some standing. After five days  
treatment, he died. On dissection, it was observed that  
the small Intestines were alone diseased, their mucous  
membrane being extensively ulcerated, and studded with  
fleshy tubercles, the apices of many of which had un-  
dergone absorption.
46. Portion of Ileum,—exhibiting ulceration.  
From the same subjectas No. 17.
47. Small Intestine,—showing deposition of tubercles under  
its peritoneal coat.—*Malta.*—*Presented by Dr. Calvert,*  
*Assistant Inspector of Hospitals.*  
The patient died of Phthisis pulmonalis.
48. Enlarged Mesenteric glands.—*History unattainable.*
49. Exhibits tubercular deposition in the Peritoneum.—*Fort*  
*Pitt.*

From the same subject as No. 47. Class I. *Respiration*. Division III.

50. Tubercular deposition in the Peritoneum, in a more advanced stage than the preceding.—*Ibid*.

From the same subject as the last preparation.

51. The peritoneal surface of the small Intestines adherent, and studded with tubercles.—*Ibid*.

From John Cowan, 42nd Regiment, æt. 39, admitted with Ascites, of which he died.

52. Mass of Mesenteric glands enormously enlarged, and converted into caseous matter.—*Gibraltar*.—*Presented by Mr. Fraser, Assistant Surgeon to the Forces*.

In this case death took place from marasmal wasting.

53. Portion of small Intestine, about seven inches in length, voided per anum; the muscular fibres of the gut distinctly visible.—*Madras*.—*Presented by Mr. Job, Surgeon, 13th Light Dragoons*.

From John Seary, 13th Light Dragoons, who perfectly recovered, and passed through the Invalid Depôt, at Fort Pitt, some years afterwards.

54. Ileum,—exhibiting puckering of its mucous tunic, and copious deposition of lymph. The projections of the mucous membrane simulate the valvulæ conniventes of the jejunum. The prepared part is taken from near the termination of the small Intestine.—*Fort Pitt*.

From the same subject as No. 57. Class I. *Respiration*. Division III.

55. Ileum,—exhibiting its vessels highly injected by inflammation.—*Ibid*.

From Thomas Locke, 13th Light Dragoons, æt. 30, who died of pulmonary Consumption, diarrhœa, and hectic fever having set in a short time previous to death. The mucous tunic of the small Intestine, on examination, was observed to be extremely vascular; the Peritoneum quite white, and healthy.

56. Portion of Jejunum,—exhibiting thickening and mortification of its coats.—*London*.—*Presented by Mr. Titus Berry, Surgeon to the Forces*.

From a man who died, at the age of 25, of Ascites. The pyloric end of the Stomach was much thickened.

57. Ileum,—exhibiting corrugation of the inner tunic, copious

deposit of highly vascular lymph, and ulcerations of old date, the bases of which are studded with miliary tubercles.—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

From a young man, who had long been affected with tubercular Phthisis, and was ultimately exhausted by a violent attack of diarrhœa.

58. Ileum,—exhibiting turgescence, and dilatation of its blood-vessels.—*Presented by the same.*

From a young woman, who died of an acute attack of Enteritis. The highly inflammatory appearance presented in the preparation pervaded the whole of the Ileum, and greater part of the Jejunum.

59. Ileum,—exhibiting thickening of its coats, and enlargement, with incipient ulceration, of the mucous follicles.—*Presented by the same.*

From a young woman, who was affected with organic lesion of the Heart, and ultimately died of Ascites.

60. Exhibits agglutination of the convolutions of the small Intestines, with tubercular accretions beneath the Peritoneum.—*Fort Pitt.*

From the same subject as Nos. 61 and 62. Class I. *Respiration.* Division III.; as well as Nos. 28, 29, and 30. Class III. *Sensation.* Division I.

61. Convolutions of small Intestine matted together by a thick adventitious layer on the serous surface of the Peritoneum, and by the deposition of large fleshy masses.—*London.—Presented by Mr. Gulliver, Assistant Surgeon to the Forces.*

From a middle-aged woman, who had dropsy of both Ovaria, and tubercular disease of the Lungs.

62. Exhibits ulcerations, the bases of which are studded with small caseous tubercles, in the mucous tunic of the Ileum; their margins highly vascular and villous. The preparation has been minutely injected, and affords a good example of exaggerated vascularity by the inflammatory process. The tubercular accretions elevate the Peritoneum immediately opposite the ulcers of the mucous tunic.—*Presented by the same.*

From a middle-aged woman, who died of Phthisis. The night sweats, which had been very copious five weeks previous to dissolution, ceased at that time, and

a distressing diarrhœa supervened. She had also been affected with scrofulous disease of the knee-joint, in consequence of which the limb had been amputated. After death, the Lungs exhibited every stage of tubercular deposit. The mucous tunic of the Ileum and Cæcum was much inflamed, and ulcerated.

63. Exhibits ulcers in the mucous tunic of the Ileum, the surrounding membrane being in a perfectly natural state. The preparation is injected.—*Fort Pitt.*

From the same subject as No. 59. Class I. *Respiration.* Division III.

64. Portion of small Intestine,—exhibiting ulceration, and the highest vascularity of the mucous membrane. This preparation presents myriads of anastomes, the result of minute and successful injection. The gut is most vascular in the situation of the ulcers.—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

65. Injected ulcers of the mucous membrane of the Ileum.—*Fort Pitt.*

From the same subject as No. 58. Class I. *Respiration.* Division III.

66. Another specimen of injected ulcers of the mucous membrane of the Ileum. The margins of the ulcerations exhibit small ecchymoses, but their bases are totally destitute of vascularity.—*Fort Pitt.*

67. Portion of small Intestine injected, to exhibit two well-defined ulcers of the mucous tunic, with much general vascularity.—*Ibid.*

From a young man, who died phthisical.

68. Ulceration of the mucous lining of the Ileum. The ulcer is surrounded by a higher degree of vascularity than the rest of the gut, but the basis of the lesion affords scarcely any red vessels from the injection.—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

From James Lee, who was admitted into hospital moribund of Phthisis, from which he had been a sufferer for eighteen months. After death, the left Lung was found tuberculated and excavated, and the bronchial tubes contained much muco-purulent matter. The pericardium was thickened, and contained about three pints of turbid, flaky fluid; its serous surface was, moreover, abundantly coated with lymph.

69. Portion of Ileum,—exhibiting a large ulcer of its mucous tunic; the basis of the lesion formed by abundant tubercular matter, which elevates the serous tunic of the gut in a granular form. The preparation is minutely injected, and exhibits a high degree of vascularity; but none of the colouring matter of the injection has entered the tubercular substance.—*Fort Pitt.*

From a middle-aged subject, who died of Phthisis, and was affected with diarrhœa for six weeks prior to his dissolution.

70. Presents a small ulcer of the (injected) lining tunic of the Jejunum.—*Ibid.*

The effect of tubercular degeneration: from the same subject as No. 56. Class I. *Respiration.* Division III.

71. Incipient ulceration of the mucous membrane of the Ileum: the preparation is highly injected, and the mucous tunic is excessively vascular round the ulcers.—*Chatham.*—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

From a young female, who died of Phthisis pulmonalis.

72. Injected portion of Ileum, presenting ulcers of the inner membrane.—*Ibid.*—*Presented by the same.*

From the same subject as the preceding.

73. Highly injected portion of Ileum, exhibiting ulcers on the mucous tunic.—*Ibid.*—*Presented by the same.*

From the same subject as the two preceding preparations.

74. Gun-shot wound of small Intestine, terminating in artificial anus.—*Ionian Islands.*—*Presented by Mr. Roe, Surgeon, 28th Regiment.*

From a sailor, who was wounded in the act of rowing towards the enemy. The ball entered on the left side below the ribs, wounded the Intestine, which here protrudes, and passed out through the second false rib of the same side. The bowel was impervious below the wound, but healthy above: a quill is inserted into the upper part. The fæces were voided through the wound.

75. Ileum,—perforated by the inflammatory process terminating in sphacelus of that spot.—*Ibid.*—*Presented by Mr. Lindsay, Surgeon, 18th Regiment.*

Taken from a Serjeant of that Corps, aged 31 years, who died of Enteritis in thirty-seven hours.

76. Portion of Jejunum, with well-marked stricture.—*Fort Pitt.*

From Serjeant Carnagie, æt. 37, 1st Regiment, who had suffered from ague. He was received into hospital with obscure disease. He had pains in the limbs, and constipated bowels; his tongue was foul and dry, his stomach rejected medicine, and there were symptoms of low fever. Two days after admission, he passed two evacuations: on the third day he vomited a dark fluid, having a gelatinous appearance; on the seventh, his bowels again acted, after the exhibition of Croton oil, and enemata. The fever continuing, he had pain in the scrobiculus cordis, hiccough, hollow and anxious countenance, and a daily evacuation per anum: the day previous to his death (which took place on the thirteenth day), the pain and singultus disappeared, and the pulse beat only thirty-six times per minute. On dissection, the Jejunum, about six inches from its commencement, was found suddenly much contracted; and when laid open, a considerable stricture was discovered, without any ulceration, or other disease, in the neighbouring part of the gut. The mucous membrane at the ilio-cæcal valve was morbidly vascular. The stricture was, apparently, the result of chronic inflammation.

77. Presents another example of stricture of the Jejunum.—*Ibid.*

From the same subject as the preceding. This stricture was found a foot further down the course of the gut, and had lessened its calibre even more than the first: its character was the same: nothing from above could be made to pass without forcible pressure by the hand.

78. Gun-shot wounds of the small Intestine and Mesentery; the former wounded in three places, the latter in one.—*Cape of Good Hope.*—*Presented by Mr. Tighe, Assistant Surgeon, 75th Regiment.*

From John Robinson, 75th Regiment, who committed suicide, by placing the muzzle of his musket at the left side of the umbilicus, and firing it in that position. The ball, entering at this spot, made its exit near the posterior spinous process of the Ileum, fracturing that bone. He lived twenty-four hours after the accident.

79. The tubercular degeneration, which precedes ulceration in Phthisis pulmonalis.—*Fort Pitt.*

The patient from whom this preparation was taken

died from Empyema. On dissection, tubercles were detected in both Lungs, and vomicæ in the left. There were many tubercular depositions in the site of the Glandulæ aggregatæ, which, at some parts, had advanced to ulceration.

80. Specimen of Tape-worm.—*Ibid.*

It was passed per anum.

81. Portion of Ileum,—exhibiting spongiform elevations from its inner coat, and a circular spot, at which all the tunics are deficient, except the peritoneal.—*Malta.—Presented by Dr. Davy, Assistant Inspector of Hospitals.*

From an Officer, æt. 25, who died of fever of the remittent type.

82. Omentum,—exhibiting minute tubercles.—*Ibid.—Presented by the same.—History unattainable.*

83. Portion of Ileum,—exhibiting very abundant deposition of tubercles, which, at some parts, have degenerated into large, and prominent ulcers.—*Ibid.—Presented by Dr. White, Assistant Surgeon to the Forces.*

From John Fairish, 95th Regiment, who died of continued fever.

84. Portion of Ileum,—exhibiting perforation of all its tunics.—*Ibid.—Presented by Mr. Lightbody, Surgeon, 80th Regiment.*

From the body of Thomas Allen, 80th Regiment.

85. Another specimen of the same lesion of the Intestine.—*Ibid.—From Dr. Mahony, Surgeon, 7th Fusileers.—History unattainable.*

86. Another specimen of similar lesion.—*Ibid.—Presented by Mr. Lightbody, Surgeon, 80th Regiment.*

From a patient labouring under fever, in whom death ensued from peritoneal inflammation.

87. Small Intestine,—with a ruptured opening.—*Presented by Mr. Whyte, Surgeon, 69th Regiment.*

From Serjeant John Carr, of that Corps, who had an inguinal hernia of the right side, in the neighbourhood of which the laceration was discovered. It was produced by a fall.

88. Small Intestine intus-suscepted.—*Malta.—Presented by Mr. Lightbody, Surgeon, 80th Regiment.—History unattainable.*

89. Exhibits great enlargement of the Mesenteric glands.—*Fort Pitt.*

From Joseph Sibley, 15th Regiment, æt. 23, who, having suffered for some time from stomach and bowel complaints, subsequently became affected with tumid abdomen, and œdematous feet. He died rather suddenly. On dissection, there was found in the abdominal cavity about a quart of straw-coloured serum; the mucous lining of the small Intestines was much ulcerated; the mesenteric glands were greatly enlarged; and there was tubercular deposit in both Lungs.

90. Intus-susception of a portion of small Intestine.—*Presented by Mr. Stephenson, 89th Regiment.*

From the body of — M'Donald, of that Corps, æt. 22. Two other portions of Intestine were in a similar state.

91. Tubercular affection of the Peritoneum, the Omentum being the part principally involved in the disease.—*Canterbury.—Presented by Dr. Blake, Surgeon, 7th Dragoon Guards.*

From Serjeant Major James Gouley, of that Corps, æt. 37. He first complained of a painful sensation of weight in the situation of the Spleen, which he attributed to riding, followed by nausea, and symptoms of dysentery. Some time afterwards costiveness ensued, and he continued to feel uneasiness in the left hypochondrium, the abdomen being considerably enlarged. He ejected matter from the stomach, which, at last, assumed the appearance of black vomit; and died in about six months from the commencement of the disease, with symptoms of pressure on the Brain. On post mortem examination, about two gallons of serum were found in the abdomen; the peritoneum generally was involved in the tubercular formation, of which an example is given in the preparation. The mass preserved was chiefly connected with the Omentum, the Stomach, and part of the Colon, being seen above it.

92. Portion of Duodenum, and common Bile-duct, the latter obstructed by calculi.—*Fort Pitt.*

From the same subject as No. 88. Division IV.

93. Presents Intus-susception of a portion of small Intestine.—*Bengal.—Presented by Dr. Burke, Inspector General of Hospitals.—History unattainable.*



94. Exhibits oblique inguinal Hernia of the right side, the contents of the sac consisting of Omentum only. A large portion may be seen passing through the abdominal ring. *Fort Pitt.*

From Frederick Field, æt. 23, 20th Regiment, a patient in the Lunatic Asylum.

95. Portion of Ileum,—exhibiting at one part a large, deep ulcer, of somewhat circular form, with raised edges; at another, a considerable elevated ulcer of an oval form, in the situation of the Glandulæ aggregatæ.—*Ibid.*

From Samuel King, 96th Regiment, æt. 23, who was attacked with continued fever, which degenerated into typhus, attended with delirium, small pulse, brown tongue, fetid stools, and prostration of strength; lastly, by involuntary passage of urine and fæces, coma, and death, which took place in a month from the commencement of the disease.

96. Portion of Ileum near the ileo-colic valve, showing extensive ulceration, with perforation through all its coats: at the lower part is another well-defined ulcer of a brown appearance.—*Ibid.*

From Robert Horphley, 63rd Regiment, æt. 21, admitted with continued fever, which soon assumed a typhoid form, and proved fatal on the ninth day. On dissection, it was discovered that fæces had escaped into the abdominal cavity; and there was some redness in the convolutions of the Intestines. The mucous membrane of the small Intestines exhibited several ulcers similar to those preserved.

97. Great prominence and slight ulceration of two patches of the Glandulæ aggregatæ, with the same state of some of the Glandulæ solitariæ.—*Ibid.*

From Thomas Jarris, 17th Regiment, æt. 19, admitted with head-ache, diarrhœa, heat of skin, thirst, and loss of appetite. In six or seven days, the symptoms assumed a typhoid type, attended by a relaxed state of bowels, prostration of strength, delirium, and coma. The case terminated in death at the end of twenty-six days. On opening the abdomen, the greater part of the Ileum was found in the state displayed in the preparation; no disease of the Brain, or other part, was demonstrable.

98. Portion of Ileum,—exhibiting a small ulcer, which had penetrated its coats; on the opposite peritoneal tunic is

a deposit of lymph, probably thrown out to prevent the consequences of perforation.—*Ibid.*

From Serjeant Temple, 53rd Regiment, æt. 30. He was two months in hospital in a low state, chiefly induced by an obstinate diarrhœa: he had also occasional discharge of bloody coagula from the nose, and pain in the site of the frontal sinuses. He ultimately sunk under the continuance of the diarrhœa, and died in a state of extreme atrophy. On post mortem examination, many ulcers were found in the small Intestines; tubercular matter existed in both Lungs, the apex of the left being somewhat excavated; and the cartilaginous septum of the nose was destroyed. The whole outer surface of the calvarium was also covered with honey-comb ulceration. (Vide Class II. *Secretion*. Division II. No. 27. and Class III. *Locomotion*. Division I. No. 148.)

99. Portion of Intestine passed per anum.—*Madras*.—*Presented by Dr. Strachan, Inspector General of Hospitals.*  
From Thomas Rickmore, 13th Light Dragoons.
100. Portion of Ileum,—exhibiting great prominence of the Glandulæ solitariae and aggregatae, with some ulceration, particularly of the latter.—*Fort Pitt*.—*History unattainable.*
101. A similar preparation.—*Ibid.*—*History unattainable.*
102. Portion of Omentum,—exhibiting tubercles of considerable size.—*Malta*.—*Presented by Surgeon Fiddes, 85th Regiment.*  
From a soldier of that Corps.
103. Portion of Ileum,—showing granules of lymph on its internal surface.—*Ibid.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*  
Taken from the body of a man, who died of confluent small-pox.
104. Exhibits the same phenomenon.—*Ibid.*—*Presented by the same.*  
Taken from the same subject as the preceding.
105. Portion of the upper part of the Jejunum,—presenting ulceration.—*Ibid.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*  
Taken from the body of a soldier of that Corps.
106. Portion of Ileum at its junction with the caput Cæci,

—exhibiting tubercular deposit in a granular form.—*Fort Pitt.*

From James Barnett, 74th Regiment, who, having been long subject to chronic dysentery, was admitted in a state of extreme exhaustion, affected with Erysipelas of the right arm, and consequent gangrene; under which maladies he sunk in a few days. On dissection, besides the sphacelated condition of the upper extremity, the Lungs were found to contain miliary tubercles; the Liver was larger than natural, granular, and pale. There were, at some parts of the Ileum, patches of tubercular deposit, and, at its junction with the Cæcum, the whole Intestine was in the condition exhibited in the preparation.

107. Portion of Ileum, presenting deposition of lymph in a granular form, on the external surface.—*Ibid.*

From Thomas Foreman, 96th Regiment, æt. 20. On dissection, the peritoneal coat of the Intestines was found covered with the secretion of which the preparation affords an example, and adherent, in some parts, to the parietes of the abdomen.

108. Calcareous deposition taken from the Mesentery.—*Fort Pitt.*

From Patrick Mulcahy, æt. 32, Staff Corps, a maniac, inclined to violence, and in confinement for the last six years of his life. He died of disease of the Lungs.

109. Specimen of *Tænia lata*, eighteen feet in length.—*Ireland.*—*Presented by Mr. Cavet, Assistant Surgeon, 97th Regiment.*

This worm was expelled from the Intestines of a soldier of the 97th Regiment, who had been in the habit of passing joints of the same for more than two years. The six yards forming the preparation, and several joints, were passed after taking six drachms of *Oleum Terebinthinæ*.

110. Portion of Ileum, with Diverticulum,—exhibiting ulcers on its mucous coat.—*Malta.*—*Presented by Mr. O'Brien, Assistant Surgeon, 7th Fusileers.*

From a soldier of that Regiment, who died of Phthisis pulmonalis. Previous to death, ulceration appears to have taken place both in the large and small Intestines.

111. Ileum,—exhibiting general thickening, and abrasion of

its inner coat.—*Malta.*—*Presented by Mr. Fiddes, Surgeon, 85th Regiment.*

From a soldier of the 85th Regiment, who died of a bowel complaint. On examination, the whole intestinal canal was found in a state of disease.

112. A Diverticulum Ilei.—*Fort Pitt.*

113. Shows the manner in which the Peritoneum forms the sac of a Hernia: at the posterior part is the Appendix vermiformis, of unusual breadth, but not more than half the usual length.—*Malta.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

Taken from a Maltese, 98 years of age, who died of Peritonitis.

#### DIVISION IV.—DISEASED STRUCTURE OF LARGE INTESTINES.

1. Colon,—exhibiting ulceration, with effusion of flocculent lymph.—*History unattainable.*
2. The same,—with extreme thickening and puckering of the inner coat.—*History unattainable.*
3. Portion of Colon, with ragged, irregular ulcerations scattered over the inner surface.—*Fort Pitt.*

From John Kenned, 86th Regiment, æt. 27, who was admitted, on arrival from India, with Scorbutus. Ten days afterwards, symptoms of dysentery commenced. At the same time he appears to have had pectoral disease, as evinced by cough, and purulent expectoration. He died in fifteen days. On dissection, the Lungs were found tuberculated; two pints of bloody effusion were removed from the chest; the abdomen contained a quantity of similar fluid; and the large Intestines were ulcerated and thickened.

4. Ulcerated Colon,—with copious effusion of lymph, ragged and flocculent, over its lining membrane.—*Ibid.*

From Daniel Murray, 60th Regiment, æt. 29, who, being admitted into hospital labouring under chronic dysentery, died on the fourth day.

5. Inner membrane of the Colon,—assuming a reticulated appearance from ulceration.—*Fort Pitt.*

From William M'Bean, 25th Regiment, æt. 40, admitted with dysentery, contracted in the West Indies, four months before. He died on the twelfth day after admission.

6. Portion of Colon,—exhibiting irregular deposition of lymph, and ulceration, which, in one or two spots, has perforated its coats.—*History unattainable.*

7. Cæcum, and portion of Ileum,—exhibiting ulceration.—*History unattainable.*

8. Appendix Cæci, containing a Vermis lumbricus.—*Fort Pitt.—History unattainable.*

9. Rectum,—exhibiting ulceration.—*Ibid.*

From James Connor, 25th Regiment, æt. 46, who returned from the West Indies with dysentery chronica. He had served sixteen years in that country, and, with the exception of one attack of fever, had enjoyed good health until overtaken by this fatal disease.

10. Colon,—exhibiting ulceration, thickening, and flocculent effusion of lymph.—*Ibid.*

From George M'Guire, 25th Regiment, æt. 45, admitted with dysentery, of four months standing. He had served nine years in the West Indies, where he had enjoyed good health, previous to contracting this malady. On admission, he was completely worn out, and died after three days' treatment.

11. Rectum,—exhibiting ulceration and thickening of its inner coat, in patches.—*Ibid.*

From the same subject as the preceding.

12. Portion of Colon,—ulcerated and thickened.—*Ibid.*

From — M'Dunn, 17th Light Dragoons, admitted with a dysentery of six months' standing, contracted in India. He lingered under this form of disease for six months longer, before he died. After death, effusion was found to have taken place between the membranes of the Brain, and into the ventricles; and the large Intestines were in a state of ulceration, and much thickened.

14. Cæcum, and a portion of Ileum, intus-suscepted into the Colon.

Taken from a child, fourteen months old, whose complaint was not understood until after death.

15. Portion of ulcerated Colon.—*Fort Pitt.*

From Thomas Develing, æt. 57, 30th Regiment. He was admitted, on his arrival from India, with dysentery of six months' duration, and died the same evening.

16. Granular ulceration and thickening of the Colon.—*Ibid.*

From William Phillips, 43rd Regiment, æt. 24, admitted from Dover, where he had been under treatment for scrofulous sores on the scalp and sternum for the previous thirteen months. These followed a fever. He was attacked with a bowel complaint in hospital, and soon died.

17. Rectum,—exhibiting a reticulated appearance, and wart-like excrescences.—*Ibid.*

From William Scott, 5th Regiment, æt. 35, admitted, on his arrival from the West Indies, with chronic dysentery, and Phthisis. He died, after lingering in hospital for ten months. After death, the Lungs were found tuberculated, and the Intestines ulcerated.

18. Ulcer in the Cæcum,—communicating with a scrofulous abscess in the right iliac muscle.—*Ibid.*—*History unattainable.*

19. Portion of Colon,—extensively ulcerated.—*Ibid.*—*History unattainable.*

20. Cæcum, and a considerable portion of Ileum, intus-suscepted into the Colon: the Cæcum is situated within.—*Ibid.*

From Robert Reilly, 59th Regiment, æt. 22. Being under orders for embarkation for India, it was at first supposed that his complaints were unreal. They consisted of diarrhœa, at times sanguinolent, flatulence, and acidity of stomach; which symptoms continued until his death. (Vide Painting No. 3.)

21. Cæcum and Ileum,—exhibiting ulceration.—*Ibid.*

From John Dunn, 53rd Regiment, æt. 40, admitted into hospital, on arrival from India, with diseased knee-joint, which was removed by operation. The patient died four months afterwards. On examination post mortem, the Lungs and Intestines were found much diseased. (Vide Class III. *Locomotion*. Division II. No. 8.)

22. Portion of Colon,—thickened and ulcerated.—*Fort Pitt.*

From Peter Madden, 25th Regiment, æt. 48, admitted with cough and purulent expectoration, accompanied by diarrhœa. He stated that he had been affected with dysentery eighteen months before, and, on recovery, was attacked with pectoral complaints. He died after four months' treatment. On dissection, the Heart was found of diminutive size; the Lungs tuberculated; the Intestines ulcerated.

23. Portion of Colon,—exhibiting fleshy excrescences on its internal surface.—*History unattainable.*

24. Arch of the Colon,—exhibiting the opening of an hepatic abscess into that gut.—*Fort Pitt.*

From Patrick Cahill, who was treated, three months before his arrival from Gibraltar, for chronic Hepatitis, which becoming worse, he was invalided, and landed at Fort Pitt moribund. On examination, the Liver was found to adhere to the diaphragm; a large abscess, capable of containing a pint of matter, existed in its right lobe, and communicated with the corresponding angle of the Colon, into which it emptied its contents: the viscus was very heavy, and of a yellow colour. (*Vide Secretion. Division II. No. 42.*)

25. Portion of ulcerated Colon.—*Ibid.*

From William Aspinelle, 59th Regiment, admitted, on arrival from India, moribund from chronic dysentery of two years standing.

26. Portion of Colon,—exhibiting ulceration and sloughing.—*History unattainable.*

27. Rectum,—presenting ulceration of its lining membrane.—*Fort Pitt.*

28. Portion of Colon,—exhibiting ulceration and thickening.—*Ibid.*

From Edward Humble, 25th Regiment, admitted, labouring under chronic dysentery and Phthisis; the former of two years standing, in the West Indies; the latter from exposure to cold after his arrival in England. He died in three weeks. The large Intestines were found diseased as above described, and the Lungs were tuberculated.

29. Portion of Colon,—exhibiting marks of old ulcers, wart-like excrescences, and a reticulated appearance.—*Ibid.*

From the same subject as No. 17.

30. Portion of Colon,—thickened and ulcerated.—*Fort Pitt*.  
From John Oswald, 60th Regiment, æt. 24, received into hospital moribund. His comrade stated that he had been affected with severe diarrhœa for three weeks.

31. Extensive and irregular ulceration of the Colon.—*Ibid*.  
From the same subject as No. 4. Division III.

32. Rectum and Colon,—exhibiting ulceration.—*Ibid*.  
From a patient who died of dysentery, contracted in the West Indies.

33. Portion of Colon, and caput Cæci, exhibiting ulceration.—*Ibid*.

From John Dwyer, 24th Dragoons, æt. 52, admitted, on arrival from India, where he had served twenty-four years in the enjoyment of good health. At sea, two months after leaving that country, he was attacked with dysentery, which became more aggravated to the period of his admission, at which time he was harassed with constant evacuations of a pale ash colour, slimy, and sometimes tinged with blood. He died two days after his reception into hospital.

34. Portion of large Intestine,—exhibiting ulceration and thickening.—*Fort Pitt*.

The patient died of dysentery of six months' duration, contracted in the West Indies.

35. Cæcum,—with sloughing and thickening.—*Ibid*.

From a soldier, who died of dysentery, of eight weeks' duration.

36. Portion of ulcerated Colon,—the ulcers small, and in clusters.—*Ibid*.—*History unattainable*.

37. Colon,—exhibiting thickening, fleshy tubercles, and ulceration.—*Ibid*.—*History unattainable*.

38. Portion of Colon,—exhibiting ulceration.—*Ibid*.

From Thomas Richmond, 24th Dragoons, æt. 29, admitted on arrival from India, where he had served ten years. Latterly he was subject to rheumatism, and, on his passage home, was attacked with dysentery. He died after having been ten weeks under treatment. On dissection, there was a great deal of morbid degeneration in the bones; the Lungs were tuberculated; and the Colon thickened and ulcerated.



39. Colon,—thickened, ulcerated, and partly gangrenous.—*Ibid.*

From the same subject as No. 22. Division III.

40. A duplicate of No. 39.—*Ibid.*

From the same subject as the preceding.

41. Colon,—exhibiting ulcers spread over its inner tunic.—*Ibid.*—*History unattainable.*

42. Lower part of the Colon, and part of the Rectum,—presenting ulceration and sloughing.—*Ibid.*

From a soldier, who died, at the end of nine weeks, of dysentery.

43. Portion of Rectum,—exhibiting ulceration.—*Ibid.*—*History unattainable.*

44. Cæcum,—exhibiting ulceration and sloughing.—*Ibid.*—*History unattainable.*

45. Portion of Colon, showing abrasion, and effusion of lymph on its inner surface.—*Ibid.*—*History unattainable.*

46. Another specimen of the same lesion.—*Ibid.*—*History unattainable.*

47. Colon,—exhibiting ulceration and thickening of its mucous lining.—*Ibid.*

From a soldier, who died of dysentery, contracted in the West Indies, after six months' illness.

48. Portion of Colon and Rectum,—showing thickening and ulceration of the mucous tunic.—*Ibid.*

The patient died of chronic dysentery. After death, effusion was found to have taken place between the arachnoid and pia mater.

49. Colon,—exhibiting ulceration and tubercles.—*Ibid.*—*History unattainable.*

50. Portion of Colon, with ulceration and thickening.—*Ibid.*

From John Singleton, who died of dysentery, with which he had been attacked two years previously, in India. Besides the disease of the large Intestines, abundant deposition of fatty matter was found in the abdomen, and on the Heart.

51. Sigmoid flexure of the Colon,—with a fatty tumour attached to it.—*Ibid.*

From George Collins, 5th Regiment, æt. 30. He was

admitted in the last stage of Phthisis, and died in four weeks. On dissection, tubercular degeneration of the Lungs was apparent.

52. Portion of large Intestines,—exhibiting sloughing phagedæna.—*Corfu*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

From an invalid, who was attacked with vomiting and purging on his return from India. The symptoms continued for five months, when the disease terminated fatally. On examination, the Stomach was contracted, with patches of inflammation on its mucous lining, and contained some bile. The Liver was granular, easily lacerated, and of a pale colour; the gall-bladder small, and inclosing some vitiated bile; the large Intestines sloughy and ulcerated, particularly at the sigmoid flexure of the Colon.

53. Another example of the same intestinal lesion.—*Ibid.*—*Presented by the same.*

54. Portion of ulcerated Colon; the ulcers resembling those of small-pox.—*Fort Pitt.*

From Samuel Aughters, 15th Regiment, æt. 41, admitted with Hepatitis chronica, which he had brought with him from Ceylon. He died after a fortnight's treatment. On dissection, a large abscess was found in the Brain, communicating with the ventricles; effusion had taken place into the parenchyma of the Lungs; a large abscess was detected in the Liver; and the great Intestines were ulcerated, as above described.

55. Colon,—exhibiting ulceration and sloughing.—*Ionian Islands*.—*Presented by Mr. O'Brien, Assistant Surgeon, 28th Regiment.*

From a soldier, who died of acute dysentery. After death, the Liver was found tuberculated, and the large Intestines as shown in the preparation.

56. Colon,—exhibiting ulceration.—*History unattainable.*

57. Cæcum and Colon,—presenting ulceration and thickening.—*Fort Pitt.*

From Patrick Shanahan, 30th Regiment, who died of pulmonary consumption.

58. Colon,—exhibiting ulcers, and thickening of the inner tunic.—*Ibid.*

From a soldier, who died of chronic dysentery.

59. Colon,—much thickened, and exhibiting ulceration through all its coats.—*Fort Pitt.*

From Leonard Cheveny, 60th Regiment, æt. 36, admitted, on arrival from the West Indies, labouring under chronic dysentery. He had an attack of Hepatitis while in hospital, which hastened his death.

60. Colon and Rectum, ulcerated.—*Ibid.*—*History unattainable.*

61. Portion of Colon,—exhibiting abrasion, and effusion of lymph on the mucous coat, with thickening.—*Ibid.*

From William M'Laughlin, 67th Regiment, who laboured under acute dysentery, attended with typhoid symptoms from the beginning, for twelve days, when, notwithstanding very active treatment, he died. On examination after death, the large Intestines alone appeared at all disorganized, and chiefly towards their lower part, from whence the preparation was obtained.

62. Colon,—presenting extensive ulceration internally.—*Corfu.*—*Presented by Mr. Dowse, Assistant Surgeon, 88th Regiment.*—*History unattainable.*

63. Portion of Colon,—exhibiting ulceration, and petechial spots under the mucous tunic.—*Ibid.*—*Presented by Dr. Mahony, Surgeon, 7th Fusileers.*

A sequela of remittent fever.

64. Portion of sigmoid flexure of the Colon,—exhibiting inflammation and abrasion of the mucous tunic, with effused lymph, in a state of partial slough.—*Fort Pitt.*

From Patrick Walsh, 63rd Regiment, admitted with ulcers on the legs, on the cicatrization of which he was attacked with biliary derangement and dropsy, attended, in a few days, with delirium, coma, and death. During the course of the disease he never made any complaint bearing on the intestinal disorganization.

65. Ulceration of the Colon.—*Corfu.*—*Presented by Dr. Mahony, Surgeon, 7th Fusileers.*

This lesion succeeded to remittent fever, and is probably from the same subject as No. 63.

66. Lining membrane of the Colon,—thickened, and universally covered by granular ulceration.—*Presented by Dr. Hennen, Deputy Inspector of Hospitals.*

From Thomas Hartwell, admitted with fever. On the

fourth day he complained of pain in the abdomen, and on the fifth passed bloody dejections: these symptoms continued to his death, which did not take place until the twenty-seventh day.

67. Ulcerated Rectum,—with lymph effused.—*Malta.*—*Presented by Dr. Calvert, Assistant Inspector of Hospitals.*

From a soldier, who having had diarrhœa for sixty-five days, and Hepatitis, died from the bursting of an abscess in the Liver, and the effusion of three pints of matter into the abdominal cavity.

68. Sigmoid flexure of the Colon,—exhibiting ulceration and sloughing of its mucous membrane.—*Ibid.*—*Presented by the same.*

From P. H. Condovor, æt. 28, 85th Regiment, who died of a diarrhœa, of fourteen days' duration.

69. Ulceration of the Colon.—*Cape of Good Hope.*—*Presented by Assistant Surgeon Hamilton.*

From Robert Graham, who, being affected with dysentery, died after an illness of sixty-four days.

70. Large Intestine,—showing abrasion of its mucous membrane, and effusion of lymph.—*Fort Pitt.*

From a patient who died of acute dysentery.

71. Another specimen of the same lesion.—*Ibid.*

From the same subject as the preceding.

72. Exhibits ulceration of the Colon.—*Ibid.*—*History unattainable.*

73. Portion of Intestine,—inflamed, granular, and covered with lymph: this preparation, in conjunction with the three following, illustrate the lymph in different stages of vascularity.—*Ibid.*

From William Pitt, 40th Regiment, æt. 23, admitted with symptoms of fever, followed by acute rheumatism, which continued until five days before his death, when, in addition, and without any assignable cause, he was attacked with acute dysentery, as evinced by tormina, tenesmus, and frequent dejections of blood and mucus, and sunk under this complication of maladies. (*Vide Class I. Circulation. Division II. No. 39.*)

74. Portion of large Intestine,—illustrative of the same points as the preceding.—*Ibid.*

From the same cadaver.

75. The subject continued.—*Fort Pitt.*

Taken from the same.

76. Portion of large and small Intestine,—exhibiting a still more advanced stage of effusion, and organization of lymph.—*Ibid.*

From the same.

77. Cæcum, and adjoining portion of Ileum: the mucous tunic of the former is extensively sphacelated, so as to expose the subjacent muscular fibres: an ulcerated aperture extends through the three coats of the large Intestine: in the Ileum many patches of ulceration are exhibited.—*Ibid.*

From William Exell, æt. 24, 6th Regiment, who was admitted with acute Pneumonia, from which he was recovering, when he became suddenly affected with symptoms of dysentery, which increasing, and being attended with prostration of strength, and nervous irritability, proved fatal in eighteen days. On dissection, it was discovered that the escape of the fæces into the abdomen had been prevented by a recent adjustment of peritoneum to the breach in the tunics of the cæcum.

78. Large Intestine,—exhibiting two well-defined ulcerations of the mucous tunic. The preparation is injected, and exhibits the vascularity of the bases of the ulcers.—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

From a child three years of age, who died of tubercular consumption.

79. Rectum,—exhibiting an ulcer of the inner membrane at the verge of the anus, minutely injected.—*Presented by the same.*

From a female child, æt.  $5\frac{1}{2}$  years, who died of tubercular consumption, and scrofula of the mesenteric and other glands.

80. Portion of gastro-colic Omentum,—exhibiting a cartilaginous cyst, which contained scrofulous matter, attached to the loose margin.—*Portugal.*—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*

From John Rowlandson, 23rd Regiment, æt. 40, who died of dysentery, supervening on fever, and assuming a chronic form.

81. Large Intestine,—exhibiting thickening and irregular ulceration of the mucous tunic, the remaining portions in many places presenting the appearance of fleshy ver-

rucae.—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

From a man of middle age, who died of chronic dysentery.

82. Portion of sigmoid flexure of Colon,—exhibiting effusion of lymph on its serous surface, and ecchymosis between the Peritoneum and muscular fibres.—*Fort Pitt.*

From Thomas Stinson, 59th Regiment, æt. 27, who was three months under treatment for the ordinary symptoms of pulmonary Phthisis, among which was diarrhœa, attended, latterly, with some pain of abdomen. After death, the Lungs were found consolidated by tubercular infiltration; the right pleural bag contained a quart of fluid; the Peritoneum held half a gallon of water; the whole of the abdominal viscera were agglutinated; the mucous tunic of the Intestines was much inflamed and ulcerated; and the Liver, which was large and condensed, presented a tough cyst, containing hydatids. (*Vide Secretion. Division II. No. 72.*)

83. Ulcerated Cæcum,—with unusually large excrescences from the diseased mucous membrane.—*Ibid.*

From Thomas Bond, 2nd Regiment, æt. 25, who had been admitted for ulcers in the right leg, communicating with the head of the Fibula. For many months previous to death he was also affected with pain in the right thorax, cough, muco-purulent expectoration, and occasional diarrhœa. On inspection post mortem, the right Lung was found loaded with tubercular matter, and a large excavation was detected in its apex. The whole of the mucous membrane of the Ileum was more or less ulcerated, particularly near the valve.

84. Sigmoid flexure of the Colon,—exhibiting great thickening of its coats, with diminution of its calibre to such a degree as only to admit a quill: the opening seen in the preparation is a rupture of the Intestine, from its diseased state, on removal.—*Ibid.*

From James Phillips, Newfoundland Veteran Company, æt. 35, who had been for some months affected with bowel complaints. On dissection, the Cæcum was found greatly abraded; the whole of the Colon similarly diseased, and having fleshy granulations; and the flexure particularly affected, as above described.

85. Portion of large Intestine,—with the mucous membrane

separating in large detached portions.—*Malta.*—*Presented by Mr. Lightbody, Surgeon, 80th Regiment.*

Taken from a soldier who laboured under dysentery.

86. Portion of Colon,—exhibiting numerous sloughing ulcers.—*Ibid.*—*Presented by Mr. Trigance, Assistant Surgeon to the Forces.*

In this case death was occasioned from the escape of fæces into the abdominal cavity, through the intestinal openings exhibited in the following preparation.

87. Portions of Cæcum and Colon,—with numerous perforations in their coats.—*Ibid.*—*Presented by the same.*

From the same subject as the preceding.

88. Transverse arch of the Colon,—exhibiting many vascular rounded projections from its peritoneal surface.—*Fort Pitt.*

From Joseph Vise, 14th Regiment, æt. 40, an invalid from India, who had suffered from hepatic disease and dysentery, and, on the voyage home, from sea scurvy. He was admitted in a state of extreme exhaustion, with low delirium, and died on the fifth day. On inspection post mortem, the body was of a saffron-colour, and covered with petechiæ; the Liver exhibited at various parts small membranous cysts, containing a viscid fluid; the common bile-duct was much dilated, and obstructed by two large calculi; the whole of the mucous lining of the Intestines was of a dark colour, at some parts exhibiting extreme congestion, at others ecchymosis. The vascular projections shown in the preparation appear to have been the result of a yielding of the coats of the gut.

89. Portion of Colon,—exhibiting an ulcerated state of its internal surface, with vascular prominences.—*Ibid.*

From the same subject as the preceding.

90. Portion of Colon,—exhibiting vast thickening of the coats of the gut, its internal surface being very irregular, and, at some parts, in a sloughy state.—*Ibid.*

From Philip Wesley, æt. 26, 14th Regiment, who returned from India, after seven years' service, labouring under chronic dysentery, which had lasted several months, and made great inroads on his constitution. In a day or two after admission he improved, but suddenly relapsed, and, having suffered from purging, bloody and mucoid stools, tenesmus, &c., died on the twentieth day.

91. Cæcum,—exhibiting high vascularity, its internal coat in a very irregular, and, in parts, sloughy state: a portion of the adjoining small Intestine, which is quite healthy, is also preserved.—*Ibid.*

From the same subject as the preceding.

92. Portion of the inner coat of the Caput cæcum Coli,—detached by sloughing, and found in the Colon.—*Malta.*—*Presented by Mr. O'Brien, Assistant Surgeon, 7th Fusileers.*

From a dysenteric patient.

93. Portion of the transverse arch of the Colon,—exhibiting ulceration, and extensive separation of its inner coat.—*Ibid.*—*Presented by Mr. Fiddes, Surgeon, 85th Regiment.*

94. Rectum,—exhibiting an enormous perforation of the posterior part of its coats: part of the Bladder is also preserved.—*Ibid.*—*Presented by Mr. Smyth, Assistant Surgeon, 85th Regiment.*

From a soldier of the 7th Fusileers, who died of peritoneal inflammation, caused by a fall on the handle of a broom, which, entering the anus, perforated the Rectum, and made an opening into the cavity of the abdomen.

95. Appendix vermiformis, with a portion of Cæcum separated by sloughing.—*Ibid.*—*Presented by Mr. Martin, Surgeon, 73rd Regiment.*

The part prepared was found detached from the Intestine, adhering only by the upper end of the appendix, where it is connected with the Mesentery.

96. Portion of Omentum,—with thickened margin.—*Ibid.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*

Taken from a soldier of that corps, who died of chronic Dysentery.

97. Cæcum,—very much contracted, and its inner surface ulcerated.—*Fort Pitt.*

From Michael Sullivan, 46th Regiment, a maniac, æt. 46, who died of a bowel complaint of very short duration. On dissection, the surface of the dura mater was found unusually vascular, and the choroid præternaturally dry; four ounces of fluid were also detected in the base of the Brain. Both Lungs contained tubercu-



lar matter in considerable quantity. The Ileum and Colon were ulcerated in many parts.

98. The Appendix vermiformis shorter than usual, and attached to the lower part of the Ileum.—*Malta.*—*Presented by Mr. Fiddes, Surgeon, 85th Regiment.*

From a soldier, who died of Phthisis pulmonalis.

99. Portion of Colon and Rectum,—exhibiting extensive ulceration, which at one spot perforates all the tunics.—*Fort Pitt.*

From James Blackledge, 65th Regiment, æt. 44, admitted, from the West Indies, in the last stage of debility and emaciation, having served in that country sixteen years, and, latterly, suffered from remittent fever, of which this complaint was a sequela. The symptoms were characteristic of diarrhœa rather than dysentery, the dejections being to all appearance unmixed either with pus, or blood. After lingering a few days, he sunk exhausted. On dissection, the abdominal cavity was found to contain a quantity of sero-purulent fluid. On the right side, the Colon adhered to the parietes at many parts, in attempting to separate which it gave way: the transverse arch also adhered to the convex surface of the Liver, at which spot there was an ulcerated opening communicating with the substance of the latter.

100. Portion of Colon,—exhibiting extensive ulceration.—*Ibid.*

From the same subject as the preceding.

101. Cæcum of very large size, with Appendix of unusual length.—*Malta.*—*Presented by Mr. Fiddes, Surgeon, 85th Regiment.*

From a soldier of that corps, who died of Pneumonia.

102. Presents extensive ulcerations of the Rectum, with perforation of all its coats at several points.—*Fort Pitt.*

From Patrick M'Mahon, 49th Regiment, æt. 40, a melancholic maniac, inclined to suicide. A month previous to death he began to show symptoms of dysentery, which rapidly terminated in the mass of ulceration exhibited in the preparation, and proved fatal. The ulceration extended to the sigmoid flexure of the Colon, and, more slightly, over the mucous lining of the small Intestines.

103. Scirrhus of the Ileo-colic valve, with ulceration of the inner surfaces of the adjoining Ileum and Cæcum; the calibre of the gut diminished.—*Ireland*.—*Presented by Mr. O'Halloran, Surgeon, 77th Regiment.*

From Robert Adams, 77th Regiment, æt. 20, who died of continued fever.

## SECRETION.

### DIVISION I.—DISEASED STRUCTURE OF CONGLOMERATE GLANDS.

1. Scirrhus Pancreas.—*Fort Pitt*.—*History unattainable.*
2. Pancreas,—exhibiting calcareous matter, and small ulcers.—*Ibid*.—*History unattainable.*
3. Portion of Pancreas,—exhibiting Melanosis.—*Corfu*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*  
From the same subject as No. 47. Class I. *Circulation*. Division I.; and 24. Division 2. Also Class II. *Secretion*. Division II. No. 22.

### DIVISION II.—DISEASED STRUCTURE OF LIVER.

1. Liver,—exhibiting the cyst of an Abscess; and weighing eleven pounds.—*York Hospital, Chelsea.*

From Serjeant Rowell, 31st Regiment, æt. 39, admitted with the following symptoms: pain of the chest increased by full inspiration, cough and difficult breathing, dull pain in the region of the Liver, increased by pressure, and a bowel complaint of six months' standing. All the above symptoms, except the last, became less severe before dissolution, which took place in thirteen days after admission.

2. Liver,—exhibiting an Abscess, which communicates with the Lung.—*Fort Pitt.*

From Nicholas Bonalvert, 60th Regiment, æt. 38, admitted, complaining of pain in the right hypochondriac region, augmented on pressure, or deep inspiration. A degree of fulness and induration was observable on examination of this part. He had been five years in the West Indies, where he had suffered much from remittent fever. He was carried off by an attack of dysentery.

3. Liver,—affected with tubercles.—*Ibid.*

From Thomas Quinn, æt. 30, 30th Regiment, a hard drinker, who had a pulmonic complaint of eight months' duration, of which he died.

4. Tuberculated Liver.—*Ibid.*—*History unattainable.*

5. Liver,—exhibiting an Abscess, which communicates with the Lung.

From Francis Calwell, æt. 28, 60th Regiment, admitted into hospital, on arrival from India. He had been subject to dysentery for the last three years of his residence there, but on the passage home this complaint left him. He complained of pain in the hepatic region, aggravated by inspiration, or cough. After admission he had an attack of Hæmoptysis, and the sanguineous dejections reappeared. He died at the end of five weeks.

6. Liver,—with an Abscess in the great lobe.—*Ibid.*

From John Ludwick, received into hospital, on arrival from India. He complained of severe pain in the right side, with frequent short cough, and difficulty of breathing. During a violent coughing fit, he expectorated a quart of matter. He died in two months.

7. Liver,—presenting an Abscess on the concave side of the left lobe: the Stomach adhering, and forming part of the wall of the Abscess.—*Ibid.*

From Thomas Davis, æt. 27, 67th Regiment, admitted with pain in the head, thirst, rigors, short dry cough, and pulse of 110. He had been ill five days, and appeared to be improving, when a sudden attack of dysentery carried him off.

8. Liver,—enlarged and indurated, its structure condensed, and surface irregular, presenting puckering, and marks of old suppurating cysts.

From Richard M'Clare, æt. 36, Newfoundland Veteran Company, who was attacked with continued fever, which was considerably relieved on the third day; but, on the fourth, he complained of pain in the right iliac region, and had ardent pyrexia, terminating, after some duration, in a state of sudden collapse, for which the operation of transfusion (to the amount of 3xxx) was unsuccessfully resorted to, the patient dying in a few hours after. On dissection, the Peritoneum situated in the right iliac fossa was found to be inflamed, and small portions of lymph were irregularly diffused on its surface. The mucous membrane of the Stomach was studded with petechial spots; the Spleen was enlarged and indurated; and the Liver as represented in the preparation.

9. Liver,—exhibiting an Abscess.—*Ibid.*

From William Walsh, æt. 33, 46th Regiment, who was received into hospital, on his arrival from India, labouring under an advanced stage of bowel complaint, of which he died five days after admission. On dissection, the small Intestines were found slightly inflamed; the mucous membrane of the sigmoid flexure of the Colon ulcerated and sloughy; the Liver with an abscess, which contained one pint of yellowish brown matter; and the gall-bladder full of vitiated bile.

10. Liver,—presenting an Abscess communicating with the Lung.—*Ibid.*—*History unattainable.*

11. Portion of Liver,—exhibiting small elevations on its surface.

12. Liver,—exhibiting an Abscess which communicates with the Stomach.—*Ibid.*

From Serjeant M'Gahan, admitted into hospital in a state of great debility and emaciation, with loss of appetite, and subject, particularly after meals, to flatulence, pains in the præcordia, and vomiting. He stated that his health and digestive powers had been declining for some years past.

13. Liver,—presenting an Abscess in the upper part of the lobe.—*India.*—*Presented by Mr. Cathcart, Surgeon, 38th Regiment.*

The patient from whom this preparation was taken died of acute Hepatitis, after ten days' treatment.

14. Liver,—exhibiting the cyst of an Abscess.—*Ibid.*—*History unattainable.*

15. Liver,—exhibiting a cyst, (part of the walls of which are encrusted with calcareous matter,) filled with Hydatids.—*Ibid.*

From Corporal Worrall, 17th Regiment, admitted with Bronchitis, of which he died the following day. He had served twenty-three years, eleven of which he had spent in India. He was of robust make, and, previous to this illness, was not aware of any complaint except an old injury from the kick of a horse.

16. Section of Liver,—exhibiting Abscesses.—*Ibid.*

From the same subject as No. 5.

17. Liver,—with a cyst, containing Hydatids.—*Ibid.*

From William Pearce, 48th Regiment, æt. 42. He laboured under acute pain in the chest, referred to the left side, extreme dyspnœa and cough, with livid countenance, and general rigors. Any symptoms of the hepatic lesion appear to have been lost in those of the more grave disease of which he died, after having been two weeks in hospital. On dissection, it was found that effusion had taken place into the chest.

18. Liver,—with Abscesses in several parts of the right lobe.—*Ibid.*—*History unattainable.*

19. Liver,—presenting the cyst of an Abscess towards the anterior part of the great lobe.—*Ibid.*—*History unattainable.*

20. Liver,—exhibiting a cyst, from which a large Hydatid had been removed.—*Ibid.*

From John Glover, 7th Veteran Battalion, admitted moribund, under the head of Ascites, with which he had been afflicted for four months.

21. Hydatid of large size.—*Ibid.*

From the hepatic cyst, which forms the subject of the preceding.

22. Liver,—exhibiting Melanosis.—*Corfu.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

From the same subject as No. 3. Division I.

23. Portion of Liver,—exhibiting Melanosis.—*Ibid.*—*Presented by the same.*

Apparently from the same subject as the preceding.

24. Sections of Liver, showing melanotic degeneration.—*Fort Pitt.*—*History unattainable.*
25. A portion of Liver,—highly melanosed.—*Edinburgh.*—*Presented by the Royal College of Surgeons, Edinburgh.*  
 From John Hunter, a shoemaker, who was attacked by severe pleurisy, from which he recovered. A hæmorrhoidal affection then supervened, which also subsided, under proper treatment. Three days afterwards he complained of debility, and died in the night. (Vide *Edinburgh Medical and Chirurgical Transactions*, vol. i. page 271.)
26. A section of the same,—more thinly studded with Melanotic patches.—*Ibid.*—*Presented by the same.*
27. Presents a Liver of unusually large size, and elongated form.—*Fort Pitt.*  
 From the same subject as No. 98. *Digestion.* Division III.; and No. 148. Class III. *Locomotion.* Division I.
28. Portion of Liver,—granulated.—*Ibid.*  
 From the same subject as No. 15. *Digestion.* Division III.
29. Liver,—exhibiting the cyst of an Abscess.—*Ibid.*—*History unattainable.*
30. Portion of Liver,—exhibiting tubercles of a firm fibrous appearance.—*Presented by Dr. Kinnis, Assistant Surgeon to the Forces.*  
 The patient had long been under treatment for chronic dysentery, and died suddenly of convulsions and coma, his intellect having been previously impaired. After death, a cartilaginous tumour, having two cavities containing pus, was discovered in the Brain, between the tentorium, and posterior part of the right hemisphere, which was also softened. The Liver was as shown in the preparation.
31. Liver,—exhibiting an Abscess.—*Fort Pitt.*  
 From Henry Burns, æt. 48, 24th Regiment, admitted from India, labouring under violent hepatic pain, great dyspnœa, hard dry cough, increased heat of skin, frequent, strong, and hard pulse, and anxiety of countenance. He had previously been affected with Hepatitis in Bengal. He died about a month after admission.

32. Liver,—exhibiting thickening of its peritoneal coat.—*Ibid.*—*History unattainable.*

33. Portion of Liver,—tuberculated, and of a straw colour.—*Ibid.*

From the same subject as No. 50. *Digestion.* Division IV.

34. Hydatids found in the Liver.—*Mediterranean.*—*History unattainable.*

35. Portion of Liver,—exhibiting a cicatrix.—*Fort Pitt.*

The patient had contracted syphilis in the West Indies, for which he had used mercury to a considerable extent. The bones of the cranium were carious. No history of the origin of the hepatic cicatrix appears to have been collected.

36. Cyst of hepatic Abscess, which contained seven pints and a half of pus.—*Fort Pitt.*

From John Crump, 66th Regiment, admitted, on his return from St. Helena, labouring under chronic rheumatism, to which he had for some time been subject. Four days afterwards he was attacked with symptoms of Hepatitis, and dysentery, and died after nine days' further suffering. He stated that he had never been affected with any hepatic complaint, while at St. Helena.

37. Cyst of an hepatic Abscess, which contained seventeen pints of purulent matter.—*Ibid.*

From Richard Palmer, 19th Regiment, æt. 26, admitted, on arrival from Ceylon, with intermittent fever, under which he had been suffering for the previous twelve months. He had also been affected with Hepatitis while abroad. After having been some time under treatment for the ague, symptoms of abscess in the Liver appeared; and subsequently, the case having advanced, and the abscess becoming perceptible by external examination, an attempt was made to open it, when three pints of a serous fluid flowed out, but no pus. He died two days afterwards of Peritonitis.

38. Liver,—thickly studded with scirrhous tubercles.—*Ibid.*

From Patrick Donaghue, æt. 38, 37th Regiment, who returned from India, invalided on account of hepatic disease, of two years' duration. When admitted, he had also a bowel complaint, and was beginning to show

symptoms of general dropsy, which afterwards terminated fatally in the form of Hydrothorax.

39. Portion of Liver,—exhibiting an Abscess with a thick cartilaginous cyst.—*Presented by Dr. Lindsey, Deputy Inspector General of Hospitals.*

40. Sac of an Abscess, taken from the Liver.—*Fort Pitt.*

From John Davies, 3rd Veteran Battalion, who was admitted with Hydrothorax and catarrh. He had been twenty-six years in the service, part of the time in the West Indies and Mediterranean. He was under treatment eight years before for pain in the right side, which had continued almost ever since. He died after three months' treatment.

41. Liver,—exhibiting thickening of its peritoneal coat.—*Ibid.—History unattainable.*

42. Portion of Liver,—exhibiting an Abscess in the right lobe.—*Ibid.*

This abscess communicated with the Colon. From the same subject as No. 24. *Digestion.* Division IV.

43. Liver,—exhibiting an extensive Abscess in the great lobe.—*Ibid.—History unattainable.*

44. Liver,—exhibiting the cyst of an Abscess.—*Ibid.—History unattainable.*

45. Section of Liver,—exhibiting diffuse tubercular disease.—*Ibid.—History unattainable.*

46. Portion of Liver,—injected, and exhibiting small elevations.—*Ibid.—History unattainable.*

47. Section of Liver,—softened in texture, and studded with small Abscesses.—*Presented by Mr. Colclough, Surgeon, 9th Lancers.*

From Thomas Golding, admitted into hospital with acute Hepatitis. In spite of active and varied treatment, the disease proved fatal in forty-one days. He had been addicted to the use of ardent spirits.

48. Another section of the same Liver.—*Presented by the same.*

49. Portion of Liver,—exhibiting a tubercle.—*Fort Pitt.*

The patient had been in India, and had formerly used mercury for syphilis. He died of chronic dysentery.



50. Liver much enlarged, its left lobe indurated, and exhibiting in the right an Abscess, which contained two pints of pus.—*Fort Pitt.*

From John Kelly, 67th Regiment, admitted with general dropsy and hepatic disease, contracted in India. The operation of Paracentesis abdominis was performed below the umbilicus, and two quarts of turbid fluid obtained, after which high irritative fever set in, attended with delirium, and, lastly, death. On dissection, the viscera of the abdomen were found to be glued together with lymph; and that cavity contained about two quarts of fluid.

51. Liver,—exhibiting large scrofulous tubercles, and weighing ten pounds and a half.—*Presented by Dr. Howell, Surgeon to the Forces.*

From Thomas Wood, 38th Regiment, æt. 41. He had suffered from the Walcheren fever, from the effects of which he had never recovered. He was a man of intemperate habits. He was admitted with Ascites, of which he died seven weeks afterwards. (Vide No. 4, *Secretion*. Division IV.)

52. Liver,—exhibiting large tubercles.—*Fort Pitt.*

From John Lang, 60th Regiment, æt. 43, admitted with a subacute attack of Splenitis. He referred the origin of his complaint to a blow which he had received in Jamaica, ever since which he had suffered from pain in the left hypochondriac region, accompanied by occasional spitting of blood. While under treatment, he had frequent hæmatemesis, and his evacuations were almost always tinged with blood.

53. Liver tuberculated, and Pancreas adhering to it.—*Ibid.*  
—*History unattainable.*

54. Gall-bladder,—containing three large Calculi.—*Ibid.*—*History unattainable.*

55. Gall-bladder,—containing two Calculi.—*Ibid.*

56. Very minute biliary Calculi, of a black colour.—*Edinburgh.*  
—*Presented by Dr. Knox.*

57. Extensive Abscess of the right lobe of the Liver.—*Gibraltar.*—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

The patient died hectic.

58. Portion of the convex surface of the right lobe of the Liver,—containing Hydatids.—*Presented by Dr. Kenny, Surgeon, 67th Regiment.*

The soldier from whom this preparation was taken died of Hæmoptysis. The Hydatids had no relation to his death.

59. Section of the concave side of the left lobe of the Liver,—exhibiting a cyst, which contained Hydatids.—*Presented by the same.*

From the same subject as the preceding.

60. Section of tubercular Liver.—*Mediterranean.*—*Presented by Mr. O'Brien, Assistant Surgeon, 7th Fusileers.*

From John Irving, 28th Regiment, who died of acute dysentery.

61. Liver injected,—exhibiting Fungus hæmatodes.—*London.*—*Presented by Mr. Howship.*

62. Section of Liver,—exhibiting an Abscess, which communicates with the Stomach.—*History unattainable.*

63. Biliary Calculi, of a mulberry shape, and black colour.—*Fort Pitt.*

From a soldier, who served some years in India, and, on arrival at home, died of Phthisis. The Liver was shrunk, of a dark colour, firm, and granular. The gall-bladder contained a moderate quantity of brown-coloured bile, and near its neck were situated the eight calculi presented in the preparation. He had not, latterly, complained of any symptoms of hepatic disease, although it was reported that he had suffered most severely in India from acute Hepatitis.

64. Biliary Calculi.—*Ibid.*

Taken from a soldier who died of tubercular Phthisis. The Intestines were ulcerated; the Liver firm and tenacious; and the gall-bladder moderately distended with healthy-looking bile, in which floated the Calculi.

65. Portion of Liver,—in which a distinct osseous deposit has taken place.—*Ibid.*

From Moses Ruston, æt. 29, 46th Regiment, a strumous subject, who died of chronic abscesses under the lumbar fascia. On dissection, the Lungs were found to contain miliary tubercles; the Liver was of a dark colour, and somewhat smaller than natural.

66. Section of Liver,—presenting a circumscribed and very hard portion of bone in its substance.—*History unattainable.*

67. Biliary Calculus.—*Fort Pitt.*

Taken from Samuel Hervey, 1st Regiment, who, having served many years in India, was invalided on account of visceral disease and dropsy, of which he ultimately died. On examination, the Lungs were found inflamed and indurated by tubercular infiltration; and many large tubercular deposits existed in the Liver. The gall-bladder was prodigiously distended by pale bile:—the calculus was fixed in the neck of this viscus.

68. Gall-bladder, with a Calculus firmly impacted in its neck.—*Ibid.*

From the same subject as No. 58. Class I. *Respiration.* Division III.

69. Section of Liver,—exhibiting a well-marked specimen of scirrhus tubercle.—*Ibid.*

From the same subject as No. 22. *Digestion.* Division II.

70. Section of Liver,—exhibiting *Tubera circumscripta.*—*Ibid.*

From the same subject as No. 67.

71. Hydatids from the Liver of a Bullock.—*Cape of Good Hope.*—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*

These were situated in the right lobe, and contained in a cyst; when first removed, they evinced evident symptoms of vitality.

72. Portion of Liver,—containing the cyst of an Hydatid, of considerable size.—*Fort Pitt.*

From the same subject as No. 82. *Digestion.* Division IV.

73. Gall-bladder,—exhibiting great thickening of its coats.—*Madras.*—*Presented by Dr. Strachan, Inspector General of Hospitals.*—*History unattainable.*

74. Portion of Liver,—exhibiting many supplementary lobes.—*Presented by Mr. Orr, Assistant Surgeon, 95th Regiment.*

From a serjeant of the 95th Regiment, who died suddenly of pulmonary apoplexy.

75. Gall-stones of four species, having various external characters.—*History unattainable.*

76. Biliary Calculi.—*History unattainable.*

77. Calculi from the gall-bladder.—*History unattainable.*

78. Calculus of mulberry shape found in the gall-bladder.—*Fort Pitt.*

From the body of Michael Kelly, who died of Phthisis pulmonalis.

79. Calculi from the gall-bladder.—*Ibid.*

From John Carpenter, 65th Regiment, æt. 25, who, having returned from India after six years' service, died on the day of his arrival.

80. Two Calculi from the gall-bladder.—*Ibid.*

From James Johnston, 26th Regiment, who, after an apoplectic fit, became idiotic and paralytic, and so died, at the end of six years.

81. Numerous Calculi, of various sizes and forms, from the gall-bladder.—*Ibid.*

Taken from a soldier's wife, who died of intermittent fever and Anasarca.

82. Liver,—exhibiting an Abscess of considerable size; an incision through the external integuments communicating with it.—*Malta.*—*Presented by Mr. Lightbody, Surgeon, 80th Regiment.*

From Charles Burns, 80th Regiment. The abscess was opened externally, with considerable temporary relief of the symptoms.

83. Portion of Liver,—exhibiting ulcerated sinuses.—*Ibid.*—*Presented by Dr. Hodson, Surgeon, 95th Regiment.*

84. Portion of Liver,—presenting Abscess and sinuses.—*Ibid.*—*Presented by the same.*

From the same subject as the preceding.

85. Portion of Liver,—with a deposit of cartilaginous consistence on its surface.—*Fort Pitt.*

From Patrick Burns, æt. 48, 11th Regiment, an imbecile patient, subject to apoplectic fits, in one of which he died. He had been much addicted to the use of

ardent spirits. On dissection, the remains and effects of considerable vascular plethora were detected in the Brain: the viscera of the other cavities were sufficiently sound, with the exception exemplified in the preparation. The Spleen was of remarkably diminutive size. (Vide Division III. No. 13.)

86. Portion of Liver,—exhibiting numerous nodules, and supplementary lobes.—*Mauritius*.—*Presented by Dr. Ingham, Surgeon, 29th Regiment.*

From the wife of the Hospital serjeant of the 29th Regiment.

87. Liver,—exhibiting numerous large Abscesses.—*Madras*.—*Presented by Dr. Thomson, Assistant Surgeon, 26th Regiment.*

From John Marr, 26th Regiment, æt. 19. This youth, having been eighteen months in India, during which time he had been in good health, with the exception of a slight dysenteric affection, was suddenly attacked with Hepatitis in its most ardent type. In spite of very active medical treatment, it ran into extensive suppuration, and the case proved fatal in twenty-five days. On dissection, some serum was discovered in the abdomen, in which cavity the Liver presented the most remarkable feature, being of an enormous size, and protruding itself so high into the right thoracic cavity as to compress the Lung, and thrust the Heart far towards the left side. In removing the viscus one large abscess burst; the remaining solid and fluid parts together weighed fourteen pounds, whereof probably nearly three fourths were purulent matter.

88. Portion of Liver,—exhibiting two well-defined tubercles.—*Ireland*.—*Presented by Mr. Cavet, Assistant Surgeon, 97th Regiment.*

From Thomas Duggan, a child three years of age, who died of marasmus. After death, the Lungs were found to contain miliary tubercles; the bronchial and mesenteric glands were enlarged, and converted into firm tubercular masses; and there were also tubercles in the Spleen, as well as the Liver.

89. Cyst of an Abscess from the surface of the Liver.—*Madras*.—*Presented by Dr. Strachan, Inspector General of Hospitals.*

From John Read, 13th Light Dragoons.

90. Portion of Liver,—exhibiting a caseous tubercle deposited near the convex surface, and giving rise to an appearance of a cicatrix at this spot.—*Fort Pitt.*

From William Hart, 96th Regiment, æt. 25, who died of Phthisis. On examination, some tubercles were also found beneath the mucous membrane of the Intestines.

91. Portion of Liver,—containing the cyst of an Hydatid.—*Malta.*—*Presented by Mr. Martin, Surgeon, 73rd Regiment.*—*History unattainable.*

92. Portion of tuberculated Liver,—having attached to it a small globular mass of similar structure.—*Ibid.*—*Presented by the same.*

From a serjeant of the 73rd Regiment, who died of chronic dysentery.

93. Small Tumour of cartilaginous consistence taken from the Liver, where it was imbedded in a fibrous cyst.—*Ibid.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

Procured from a Maltese, who died of Tetanus.

94. Gall-bladder,—the surface contiguous to the Liver ulcerated.—*Ibid.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*—*History unattainable.*

95. Exhibits an opening from the convex surface of the Liver through the Diaphragm into the right pleural cavity, the result of the bursting of an hepatic Abscess: a small portion of Lung attached.—*Ibid.*—*Presented by Mr. Fiddes, Surgeon, 85th Regiment.*

From a soldier of the 85th Regiment, who died of this disease. The sac contained a sero-purulent fluid, which, after rupture into the cavity of the chest, was confined in a limited space by a præternatural adhesion of the Pleura pulmonalis to the Diaphragm.

96. Part of the sac of an Abscess found in the Liver.—*Ibid.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*

From a soldier of the Rifle Brigade, who, at one period, had laboured under dysentery, but, latterly, had dropsical symptoms. The sac was detected in the inferior part of the right lobe, and contained about two pints of viscid matter.

97. Portion of Liver,—with several small cysts of Abscesses.—*Ibid.*

From Simon Grey, 14th Regiment, æt. 37, an invalid from India, where he had served sixteen years. He complained of irritability of stomach, diarrhœa, and tenesmus; and, shortly afterwards, of pain in the right hypochondrium, and abdominal tension, combined with symptoms of fever, which degenerating into hectic, he sunk exhausted. On dissection, both Lungs adhered to the costal parietes; the abdominal cavity contained eighteen pints of fluid; the Liver was indurated, and contained the lesions shown in the preparation.

98. Liver,—exhibiting cavities made by Abscesses in various parts of its structure.—*Fort Pitt.*

From a soldier of the 1st Regiment, who returned from India with decayed constitution, and labouring under chronic Hepatitis, of which he died.

99. A Gall-stone.—*Ionian Islands.*—*Presented by Dr. M Munn, Assistant Surgeon, 10th Regiment.*

From William Looby, 10th Regiment, æt. 25, who died of remittent fever, having been attacked with colic shortly before his death.

100. Gall-bladder,—its coats of cartilaginous consistence, and bone deposited at its fundus.—*Malta.*—*Presented by Mr. Fiddes, Surgeon, 85th Regiment.*

From Edward M'Cann, 85th Regiment, who died of ulceration of the Intestines.

101. Portion of Liver,—exhibiting an Hydatid in its bed.—*Fort Pitt.*

From Joseph Wheeler, 4th Regiment, æt. 31, who, having been long a sufferer from chronic disease, ultimately died by the supervening of a low form of peripneumony. The existence of disease in the Liver was not betrayed during life.

### DIVISION III.—DISEASED STRUCTURE OF SPLEEN.

1. Spleen, tuberculated.—*Fort Pitt.*

From James Neally, 71st Regiment, admitted with Phthisis, of which he died.

2. Spleen,—exhibiting Abscesses.—*Fort Pitt.*

From Arthur Langan, 13th Regiment, æt. 24, admitted under the head of continued fever, which he had contracted on a march. He died after seven weeks' treatment. On examination, it was found that effusion had taken place between the dura mater and arachnoid, and into the ventricles of the Brain. No symptoms are recorded demonstrative of the splenic lesion.

3. Spleen,—with a large sac surrounding it, which contained purulent matter.—*Ibid.*

From John M'Kenzie, 41st Regiment, æt. 47, admitted with common continued fever, with which he had been affected for three weeks. He died after being seven weeks under treatment. On dissection, an abscess was found between the pleuræ of the right side, which contained a pint and a half of pus; another, equally extensive, was found between the peritoneum and abdominal muscles; and a third as represented in the preparation.

4. Spleen,—enlarged.—*History unattainable.*5. Spleen,—indurated.—*History unattainable.*6. Spleen,—exhibiting ulceration.—*Fort Pitt.*

From Robert Green, æt. 31, 34th Regiment, admitted, on arrival from India, labouring under dysentery of four weeks' standing, contracted on the passage home. He had served seven years in that country, and had enjoyed good health until within the last two years, when he had syphilis, for which he took mercury. Subsequently his bones became affected with nodes. He died in five weeks, without any indication of disease of the Spleen. After death the Intestines were found in a state of ulceration.

7. Spleen,—tuberculated.—*Ibid.*—*History unattainable.*8. Spleen,—of unusual magnitude.—*History unattainable.*9. Lobulated Spleen.—*Fort Pitt.*

From the same subject as No. 42. Class I. *Respiration.*  
Division III.

10. Spleen,—enlarged and condensed in structure.—*Ibid.*

From John Gee, Royal African Corps, who, after a two years' residence on the western coast of Africa, was invalided for the sequelæ of remittent fever, particularly Splenitis. In hospital he had frequent attacks of epi-



staxis, and pulmonic irritation; and, while apparently improving, he expired without ostensible cause. *Dissection*:—the Lungs adhered to the pleura costalis by a recent effusion, and, when cut into, exhibited traces of hepatization, and the third stage of Pneumonia; the right heart was dilated; the Liver enlarged, and unnaturally hard; the Spleen as exhibited in the preparation.

11. Spleen,—ruptured.—*Gibraltar*.—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

From a sailor, who fell from the mast-head, and was killed. On examination, the abdomen was found full of grumous blood from the ruptured viscus.

12. Spleen,—exhibiting well-defined sanguineous coagula in its substance.—*Fort Pitt.*

From the same subject as No. 23. Class III. *Sensation*. Division I.

13. Spleen,—exceedingly small; its capsule at parts opaque.—*Ibid.*

From the same subject as No. 85. Division II.

14. Spleen,—much enlarged, its capsule in some parts thickened, and exhibiting shreds of lymph appended to it.—*Ibid.*

From Patrick Daley, Royal African Corps, who had served five years in Sierra Leone, and, soon after his return, died of Phthisis. After death, the Lungs were found greatly disorganized by tubercular deposit, and consequent induration; the Liver was of large size, and pale colour; and the Spleen as above described.

15. Spleen,—exceedingly small.—*Jamaica*.—*Presented by Mr. Stewart, Surgeon, 84th Regiment.*

The man from whom this preparation was obtained had been much addicted to the use of ardent spirits.

16. Spleen,—of unusual form, being elongated, and divided into two equal portions longitudinally by a narrow neck.—*Malta*.—*Presented by Mr. Thomas, Surgeon, Ordnance Medical Department.*

Taken from the body of an insane Officer, who committed suicide.

17. Exhibits a supernumerary Spleen.—*Malta*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals*.—*History unattainable.*

18. Spleen,—with capsule become thickened and opaque.—

*Malta.*—Presented by Mr. Martin, Surgeon, 73rd Regiment.

From Patrick M'Donnaugh, 88th Regiment, who died of Phthisis pulmonalis.

#### DIVISION IV.—DISEASED STRUCTURE OF KIDNEY.

1. Kidney,—exhibiting Calculi in its pelvis.—*Fort Pitt.*

From George Fellitre, 43rd Regiment, æt. 40, admitted with pain of the head, thirst, and purging of a thin yellow matter. Three days afterwards he became comatose, and died the following day.

2. Large cyst, filled with Hydatids, attached to the Kidney.—*Ibid.*

From John Copeman, 17th Regiment, æt. 44, admitted with a pulmonic affection of four years' standing, attended with cough, purulent expectoration, night-sweats, and frequent and distressing inclination to void his urine. He had served twelve years in India.

3. Kidney,—partly absorbed; ureter obliterated.—*Ibid.*

From the same subject as No. 17. Class I. *Circulation.* Division II.

4. Kidney,—tuberculated, and exhibiting a number of small stones in its pelvis.

From the same subject as No. 51. Division II.

5. Kidney,—exhibiting a number of sacculi, many of them containing Calculi.—*Ibid.*

The patient from whom this preparation was obtained died of fever.

6. Kidney,—exhibiting calculous matter in its pelvis.—*Ibid.*

From a soldier, who died of Phthisis pulmonalis.

7. Kidney,—exhibiting a large sac in its centre, having no communication with the substance of the organ.—*Deal.*—Presented by Mr. Bell, Assistant Surgeon to the Forces.

The patient had been ten months under treatment for rheumatism and bowel complaints, of which he died.

After death, the Lungs were found to be tuberculated, and the large Intestines in a state of ulceration.

8. Calculous concretions in the infundibula of the Kidney.—*Fort Pitt.*

From a soldier, who died of dropsy, succeeding intermittent fever.

9. Kidney,—exhibiting Hydatids in its substance.—*Ibid.*

From Peter Taylor, æt. 45, 53rd Regiment, who was admitted, complaining of frequent cough, dyspnœa, and pain on the right side of the chest, and died in six weeks. He had served seven years in the West, and thirteen in the East, Indies.

10. Kidney,—tuberculated.—*Ibid.*

From William Cox, æt. 38, admitted, on his arrival from the West Indies, with dysentery, with which he became affected on the voyage: he died at the end of three months. On dissection, the mucous lining of the Intestines presented ulceration; and there was a false passage in the urethra.

11. Kidney,—with Tubercles.—*Ibid.*

From William Claycoats, 7th Veteran Battalion, who was received into hospital with symptoms of continued fever, and died in three months. After death, the left Lung was found completely hepatized, and effusion had taken place on that side of the chest: the Liver was also indurated.

12. Kidney,—exhibiting Tubercles.—*Ibid.*

From John M'Namara, 53rd Regiment, æt. 37, admitted, on arrival from India, with pain in the right hypochondrium, increased on coughing or pressure. After death, which took place in sixteen weeks, an abscess was discovered in the Liver; and the Kidneys were in the state illustrated by the preparation.

13. Hydatid of the Kidney.—*Ibid.*

From Frederick Watson, 26th Regiment, admitted with violent pyalism. He had been subject to a painful affection of the head for the last twelve years; when on the voyage home from Malta it became so excruciating that he was ordered to take large doses of calomel, which produced the above-mentioned effect. No symptoms connected with the Kidneys appear on record. He died in two days. Dissection discovered effusion into the Brain and Lungs.

14. Kidney,—enlarged and spongy.—*Fort Pitt.*

From a medical Officer, who had an attack of gout, for which he was ordered a scruple of colchicum seeds powdered, which relieved him; but the attack not subsiding as quickly as he wished, he sent for a drachm of the same, (supposing he had taken that quantity before,) and took it. He made no particular complaint for two days, when micturition ceased, and, a catheter being introduced, no urine was found in the bladder. The following day he died. On dissection, effusion was found to have taken place in the Lungs; the Liver was tuberculated and enlarged; and the pelvis of the Kidneys inflamed.

15. Kidney,—exhibiting a Calculus in its pelvis, at the commencement of the ureter.—*Ibid.*

From Thomas Richmond, 24th Dragoons, admitted, on his arrival from India, where he had served ten years. On the passage home he was attacked with dysentery, which continued until his death, ten weeks afterwards. For the last four years of his life he had suffered much from rheumatism. On dissection, the bones of the head were found to be diseased; the Lungs were tuberculated; the Colon ulcerated; and the disease forming the subject of the preparation was discovered.

16. Kidney,—enlarged, and exhibiting Calculi in its pelvis.—*North America.*

From a hemiplegic patient, who had also disease of the Heart.

17. Kidney,—exhibiting Tubercles.—*Fort Pitt.*

From Serjeant George M'Kenzie, 72nd Regiment, æt. 33, admitted with Phthisis pulmonalis of three years' duration, of which he died.

18. Kidney,—exhibiting Tubercles.—*Ibid.*

From James Best, 89th Regiment, æt. 39, who, having served long in India, where he had suffered from Hepatitis, was admitted with cephalalgia: he subsequently became comatose, and died. On dissection, both Lungs and Kidneys were found tuberculated. The immediate cause of death was an effusion of blood into the substance of the Brain.

19. Tuberculated Kidney.—*Ibid.*

Removed from the body of William Darney, who was

admitted from on board ship, moribund of dysentery and scurvy.

20. Hydatids taken from the Kidney.—*Fort Pitt.*

From the cyst which is exhibited in a preceding preparation (No. 2.).

21. Disorganized Kidney,—ureter enlarged.—*Ibid.*—*History unattainable.*

22. Kidney,—presenting enlargement of the ureter.—*History unattainable.*

23. Section of an enlarged Kidney, injected, and exhibiting dilatation of the infundibula.—*London.*—*Presented by Mr. Howship.*

The patient who was the subject of this disease had complained for many years of constant pain in the left lumbar region, and passed quantities of whey-coloured albuminous matter with the urine. On examination, the right Kidney was found converted into a sac, which contained a pint and a half of pus. The bladder, except at its cervix, presented a complete surface of ulceration.

24. Kidney, with a cyst containing Hydatids and gelatinous fluid attached to the superior extremity of the gland.—*Sierra Leone.*—*Presented by Dr. Sweeny, Assistant Inspector of Hospitals.*

25. Surface of Kidney,—studded with firm Tubercles.—*Fort Pitt.*

From James Moore, æt. 38, 31st Regiment, admitted with retention of urine, which disappeared on the following day. Shortly afterwards icterus supervened, and he died on the seventh day from admission. On dissection, serous effusion was found to have been deposited beneath the arachnoid membrane, and in the ventricles of the Brain. The Liver was enlarged and granular, and the gall-bladder distended with dark and thick bile. The state of the Kidneys is represented in the preparation.

26. Kidney,—exhibiting depositions of caseous matter.—*York Hospital, Chelsea.*—*History unattainable.*

27. Kidney,—exhibiting scrofulous Tubercles, and cysts containing matter, and opening into the ureter, which is much dilated, and coated with a curdy substance, firmly adherent to its surface.—*Fort Pitt.*

From Hugh M'Key, æt. 45, Veteran Battalion, ad-

mitted with Phthisis, of which he died. Twelve months before, he had complained of pain in the lumbar and hypogastric regions, with dyspnœa; and his urine was turbid, depositing a purulent sediment. After death, the bladder was found much contracted and thickened, its mucous surface abraded, but in part coated with curdy matter, like the ureter. An abscess was situated between the parietes of the bladder and the prostate gland.

28. Kidney,—exhibiting extensive dilatation of the pelvis and ureter; the substance of the gland nearly absorbed.—*Gibraltar.—Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

The Bladder was punctured from the Rectum, in this case, in consequence of retention of urine from imperious urethra. After death, the whole of the urinary organs were found in a state of disease.

29. Kidney,—exhibiting a deposition of caseous matter in its substance.—*Fort Pitt.*

From Edward North, æt. 37, 7th Hussars, who, having been several years a victim to scrofula, was admitted on account of strumous ulcerations on the chest, connected with caries of the sternum and first rib. Phthisical symptoms subsequently set in; the ulcers degenerated and spread; and death was the consequence. On examination, tubercles in every stage of maturation were found in the Lungs. The mesenteric glands were converted into caseous matter, and depositions of a similar substance had taken place in the Kidney, and prostate gland. (Vide Class III. *Locomotion*. Division I. No. 97.)

30. Kidney,—presenting a cartilaginous cyst, which contained scrofulous matter.—*Ibid.*

From Thomas Ward, æt. 24, 29th Regiment, who had been affected with chronic rheumatism, acute dysentery, and hepatic disease, in the Mauritius; but when admitted, his symptoms were ill-defined and obscure, his principal complaint being of universal pains. After lingering for many months, he, at length, sunk into a state of atrophy and emaciation, became bedridden, and died from an attack of diarrhœa, nearly a twelvemonth after admission. On post mortem examination, besides the Kidney here preserved, it was discovered that many of the bones of the trunk, particularly the pelvis, were affected with osteo-sarcoma; and most of the conglobate

glands were enlarged and fleshy. (Vide Class III. *Locomotion*. Division I. Nos. 106. 108. and 113; and Division III. No. 22; also London Medical Gazette, vol. iii. page 41.)

31. Kidney,—prodigiously enlarged, and everywhere converted into serous cysts; the parenchymatous structure superseded by the adventitious development.—*Ibid.*

From John Manion, 73rd Regiment, æt. 34, a man of intemperate habits, admitted with chronic enlargement of the abdomen, at one time suspected to be fluid, at another physconic. No symptom of disease of the Kidneys was observed, during life; nor any indication of the organic lesion presented in the preparation. On examination post mortem, the cysts were filled with a dark grumous substance. The pelvis and ureter presented nothing remarkable, and the Bladder contained about half a pint of pale urine.

32. Section of the left Kidney,—exhibiting numerous adventitious serous cysts.—*Ibid.*

From the same subject as the preceding.

33. Scrofulous affection of the Kidney.—*Ibid.*—*History unattainable.*

34. Similar disease exhibited in the other Kidney.—*Ibid.*

From the same subject as the preceding.

35. Kidney enlarged,—the pelvis and ureter very much dilated.—*Malta.*—*Presented by Dr. Portelli.*

Taken from the body of a Maltese, æt. 22.

36. Kidney,—somewhat enlarged; its pelvis and ureter much dilated.—*Ibid.*—*Presented by the same.*

Taken from the same subject as the preceding.

37. Kidney,—somewhat tuberculated; the pelvis and ureter greatly dilated.—*Fort Pitt.*

From James M'Goff, æt. 38, 43rd Regiment, who was admitted with Hemiplegia dextra, and incontinence of urine; he died at the end of six days, with symptoms of apoplexy. The Brain presented no marked morbid feature on dissection.

38. The opposite Kidney,—in the same state.—*Ibid.*

39. Kidney,—tuberculated, and much diminished in size.—*Ibid.*

From the same subject as No. 67. Class I. *Circulation*. Division II.

(Both Kidneys were in a state of atrophy, weighing together only  $5\frac{3}{4}$  ounces.)

40. The opposite Kidney entire,—exhibiting its external appearance.

41. Kidney,—exhibiting two small cysts on the external surface, resembling spurious Hydatids.—*Fort Pitt*.

From David Mitchell, 14th Regiment, æt. 43, admitted on arrival from India, where he had served twenty-three years, with anasarca dropsy, of which he ultimately died. Some time before death, he complained of pain in the region of the right Kidney. On dissection, a pint of sanguinolent fluid was taken from both pleural cavities; the Lungs were slightly emphysematous; the abdomen contained four quarts of fluid; the Liver was hard and granular; the Kidneys were, externally, very irregular, and the cortical substance unusually pale.

42. Kidney,—having a small, deep, circular, ulcerated cavity situated in its side.—*Malta*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals*.

From the same subject as No. 113. *Digestion*. Division III.

## DIVISION V.—DISEASED STRUCTURE OF SKIN, &c.

1. Portion of Skin injected,—exhibiting the cuticle and rete mucosum separated from the vascular layer of the dermis.—*Fort Pitt*.

From a patient who died of Variola.

2. Skin injected,—exhibiting the vascular layer of the dermis.—*Ibid*.

From the same subject as the preceding.

3. Duplicate of the last.—*Ibid*.

4. A portion of Skin injected,—the cuticle separated from the rete mucosum, which is attached to the vascular layer of the dermis.—*Ibid*.

From the same subject as the three preceding preparations.



5. Portion of Skin,—exhibiting Melanosis.—*Corfu*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

From the same subject as No. 47. Class I. *Circulation.*  
Division I.

6. Scalp,—thickened, and Pericranium adhering.—*History unattainable.*

7. Portion of Skin, tattooed.—*History unattainable.*

8. Black, scaly degeneration of the integument, constituting a Nævus Maternus.—*London*.—*Presented by Mr. T. Berry, Surgeon to the Forces.*

Removed from over the Vastus externus abdominis on the right side of a girl, with whose growth it had grown. It was not larger than a pea at birth.

9. Portion of injected Integument,—showing the process of separation between the dead and living parts.—*Ibid.*—*Presented by Mr. Howship.*

The patient, from whom the preparation was obtained, had an ulcer near the inner ankle; sloughing came on from irritation, and in the course of a fortnight he died delirious.

10. Portion of Dermis,—exhibiting an old cicatrix injected; and showing the vessels shooting from the contiguous Dermis into the newly formed substance, of much smaller size, and less numerous, than those of the surrounding part.

11. Portion of Integument from the sole of the foot, from which the cuticle is detached,—exhibiting the varioloid eruption about the eighth day.—*Malta*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*—*History unattainable.*

12. Portion of Skin, and subjacent integument from the back,—exhibiting a thickened and elevated Cicatrix.—*Ibid.*—*Presented by the same.*

This preparation exhibits the effect of frequent corporal punishment on the integuments of the back.

13. Great Toe,—showing a peculiar elongation of its nail.—*Ibid.*—*Presented by the same.*

Procured from the body of a Maltese female, æt. 32, who died of ovarial dropsy. (Vide No. 16. and 17. Class IV. Division II.)

## EXCRETION.

DIVISION I.—DISEASED STRUCTURE OF  
BLADDER AND PROSTATE GLAND.

1. Bladder,—thickened, with fleshy excrescences from its mucous surface.—*Fort Pitt*.  
From Patrick Brandy, 34th Regiment, æt. 30, admitted with intermittent fever. He subsequently complained of pain in the left lumbar region, and along the ureter, with vomiting, and scanty, high-coloured urine. He died on the seventh day.
2. Bladder,—thickened, with ulceration of its inner surface.—*Ibid.*—*History unattainable*.
3. Bladder,—exhibiting considerable thickening of its coats.—*Ibid.*—*History unattainable*.
4. Bladder,—exhibiting a fungoid growth from its mucous lining.—*Presented by Mr. Dempster, Assistant Surgeon to the Forces*.
5. Bladder,—presenting thickening, ulceration, and effusion of lymph on its inner surface.—*Presented by Dr. Hennen, Deputy Inspector General of Hospitals.*—*History unattainable*.
6. Bladder, thickened.—*York Hospital, Chelsea.*—*History unattainable*.
7. Abscess,—situated between the prostate gland and the neck of the Bladder.—*Fort Pitt.*—*History unattainable*.
8. Bladder,—containing a large, oval, flattened Calculus.—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment*.
9. Bladder, which contained a Calculus,—the viscus much enlarged, and thickened towards the neck.—*London.*—*Presented by Mr. T. Berry, Surgeon to the Forces*.
10. Bladder,—its walls thickened, and lymph effused on the mucous lining: Ureter thickened, its calibre dilated, and lining membrane ulcerated, and covered with effused

lymph: Kidney much enlarged, its substance disorganized by extensive ulceration.—*Malta.*—*Presented by Dr. Calvert, Assistant Inspector of Hospitals.*—*History unattainable.*

11. Bladder,—thickened and contracted.

From a soldier of the 94th Regiment, who died of chronic dysentery.

12. Bladder much thickened and contracted,—presenting a fungoid appearance at its fundus, through which a communication existed with a sac situated between it and the Peritoneum.—*Fort Pitt.*—*History unattainable.*

13. Thickening of the Bladder, and disease of the membranous portion of the Urethra.—*Chatham.*—*Presented by Mr. Maynard, Surgeon, Coldstream Guards.*

From John Green, æt. 31, Coldstream Guards, who had for some time been under treatment for Stricture. Small Calculi were found in the Bladder and urethra.

14. Fungoid ulceration of the Bladder.—*Fort Pitt.*—*History unattainable.*

15. Ulcerated Bladder,—with thickening and contraction.—*History unattainable.*

16. Bladder thickened; Prostate enlarged; Ureters dilated.—*Mauritius.*—*Presented by Dr. Shanks, Assistant Surgeon, 87th Regiment.*

17. Rupture of the fundus of the Bladder.—*Gibraltar.*—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

This injury resulted from external violence. The patient lived five days after the accident.

18. Prostate gland,—exhibiting a deposition of scrofulous matter.—*Fort Pitt.*

From the same subject as No. 29. *Secretion.* Division IV.

19. Bladder,—with an hour-glass contraction, containing a Calculus, which has assumed the same form.—*Presented by Mr. Piper, Surgeon, 83rd Regiment.*

From William Spencely, 83rd Regiment, who was affected with frequent and involuntary discharge of thick, ropy urine, sometimes to the extent of six pints and a half daily, of which the specific gravity was 1010, taste saline and decidedly alkaline, with a considerable quan-

tity of purulent matter floating through it, indicating disease of one or other of the urinary organs: but no symptom of stone in the Bladder existed. The sound could only be passed into the Bladder to a small distance, its progress being checked by some obstruction conveying a soft sensation to the fingers. After death, the left Kidney was found much enlarged; its parenchyma diseased, of a black colour, and friable, and its pelvis containing pus: the calibre of the ureter was also enlarged: the coats of the Bladder were thickened; and the Calculus was so firmly grasped by them, that it appeared impossible for any fluid to pass this contraction.

20. Bladder,—with its coats amazingly thickened, and containing a large Calculus.—*Malta.*—*Presented by Dr. Portelli.*

Taken from the same subject as No. 35. *Secretion.* Division IV.

21. Neck of a Bladder,—ulcerated at various points of its internal surface.—*Ibid.*—*Presented by Mr. Fiddes, Surgeon, 85th Regiment.*

From a soldier of the 85th Regiment.

22. Urinary Calculus,—of oval and flattened shape, and moderate size.

Taken, after death, from the Bladder which forms the subject of No. 9.

23. Urinary Calculus,—weighing  $7\frac{1}{2}$  ounces.—*Canada.*—*Presented by Mr. Millar, Surgeon to the Forces.*

Removed from the Bladder of a French Judge, (in whom the disease had existed many years,) after death.

24. Urinary Calculus,—weighing nearly three ounces.—*Ibid.*—*Presented by the same.*

Removed from the same subject as the preceding.

25. Urinary Calculus,—weighing  $1\frac{1}{7}$  ounce, in two sections.—*Fort Pitt.*

From William Hall, 14th Regiment, æt. 33, who had served thirteen years in India, where he became affected with incontinence of urine, and symptoms resembling those of stone in the Bladder. Although he had frequently been sounded, no stone was ever detected, until his arrival at home, when the Calculus was discovered, and extracted successfully.

26. Urinary Calculus,—divided to display its internal structure,

which was composed of oxalate of lime, surrounded by triple phosphate.

27. Large urinary Calculus,—composed of lithic acid.—*Fort Pitt.*—*History unattainable.*
28. Small urinary Calculus,—composed of phosphate of lime.—*Ibid.*—*History unattainable.*
29. Urinary Calculus.—*Ibid.*—*History unattainable.*
30. Calculi,—taken from the Bladder of a Pig.—*Ibid.*—*History unattainable.*
31. Models of Calculi taken from the human Bladder.—*History unattainable.*
32. Urinary Calculus,—weighing  $6\frac{3}{4}$  drachms.—*Fort Pitt.*  
 From William Birmingham, æt. 20, 46th Regiment, who was admitted labouring under an affection of the Bladder, occasioned by an injury; sometimes passing his urine involuntarily, sometimes with difficulty, and always experiencing much pain. At the time of his admission a white flocculent sediment was observed in his urine, and he stated that he had frequently passed blood in micturition. The existence of a calculus could not, at that time, be discovered; but in a few months it became apparent by sounding; and the Calculus, which forms the present preparation, was successfully extracted.
33. Small portions of urinary Calculus.—*Ibid.*—*History unattainable.*
34. Urinary Calculus,—of oxalate of lime, with nucleus of lithic acid.—*History unattainable.*
35. Fusible Calculus,—with nucleus of lithic acid.—*Bengal.*—*Presented by Dr. Burke, Inspector General of Hospitals.*  
 Removed from the body of a Negro.
36. Prostate gland,—exhibiting a considerable sinus.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*  
 From a soldier of the Rifle Brigade, who died of Pneumonia. The sinus communicated with the urethra by a small opening near the Caput gallinaginis.
37. Bladder,—its internal surface much ulcerated, and prominent granulations rising from it.—*Ibid.*—*Presented by the same.*  
 From a woman, who died of Phthisis pulmonalis.

38. Bladder,—with thickening of the coats: a large ulcerated opening into the vagina: a cyst in the left Ovarium, containing fluid.—*Malta.*—*Presented by Mr. Martin, Surgeon, 73rd Regiment.*

Taken from the body of a woman, æt. 26. Previous to death she had hectic symptoms, and a copious fœtid discharge from the vagina.

39. Vesiculæ seminales; one unusually small.—*Ibid.*—*Presented by Dr. Hodson, Surgeon, 95th Regiment.*

From a soldier of that corps, who died of Phthisis pulmonalis.

## DIVISION II.—DISEASED STRUCTURE OF URETHRA.

1. Exhibits stricture of the Urethra, and thickening of the Bladder.—*Fort Pitt.*

From the same subject as No. 58. *Digestion.* Division IV. This patient never complained of disease of the urinary organs.

2. Stricture of the membranous portion of the Urethra, and thickening of the Bladder.—*Ibid.*—*History unattainable.*

3. Penis,—presenting stricture of the Urethra.—*Ibid.*

From Benjamin Hardy, 31st Regiment, æt. 35, who had been sent home from the Mediterranean an invalid, from the effects of fever, and was admitted much emaciated, and exhausted. He died three days after admission; and, on dissection, the Lungs were found to be disorganized, and the bronchial lining inflamed.

4. Penis,—exhibiting stricture of the Urethra, and a false passage.—*Ibid.*

From William Howell, æt. 32, admitted with Phthisis, of which he afterwards died. Towards the termination of the disease he complained of retention of urine; and no instrument could be introduced into his Bladder. The urine was, consequently, removed by puncturing that viscus above the pubes. Dissection exposed tubercular degeneration of the Lungs.

5. Penis,—exhibiting stricture of the Urethra.—*Ibid.*

From David Hooks, 2nd Veteran Battalion, admitted with Syphilis consecutiva of considerable duration, (for which he had used much mercury,) and disease of the testicles; one being absorbed, the other enlarged, and scirrhus.

6. Penis,—exhibiting stricture of the Urethra.—*Ibid.*—*History unattainable.*

7. Presents stricture of the Urethra.—*Ibid.*

From Arthur Gillespie, 59th Regiment, æt. 25, admitted with pulmonary Consumption. He never reported any complaint connected with the urinary organs.

8. Stricture of the Urethra,—accompanied by morbid condition of the Bladder, and enlargement of the Ureters.—*History unattainable.*

9. Presents general contraction and closure of the whole Urethra; with much thickening of the Bladder, and enlargement of the Ureters and pelvis of the Kidneys.—*Fort Pitt.*

From Robert M'Dermott, 67th Regiment, æt. 32, who was admitted on arrival from India, from whence he was invalided on account of visceral disease, and stricture of the urethra. On admission, the smallest bougie could not be passed above two inches. His urine came away guttatim. He died eventually of acute inflammation of the urinary organs.

10. Exhibits fistulous passages from the Bladder, and Urethra.—*York Hospital, Chelsea.*

The patient, from whom this preparation was obtained, had been afflicted with that malady for two years previous to death.

11. Bladder and Urethra,—exhibiting Stricture and false passages in the latter.—*Fort Pitt.*—*History unattainable.*

12. Exhibits stricture of the Urethra, combined with diseased condition of the Bladder.—*Ibid.*—*History unattainable.*

13. Stricture of the Urethra,—complicated with injury from the abuse of bougies.—*Ibid.*—*History unattainable.*

14. Presents stricture of the Urethra.—*Ibid.*—*History unattainable.*

15. Penis,—exhibiting ulceration, and fistula communicating with the Scrotum.—*Ibid.*

From Henry Fuller, 47th Regiment, æt. 37, admitted from India, where he had served fifteen years, under the head of Ischuria. The fistulous disease appeared two years before, without apparent cause. He died at the end of twenty days. On dissection, about three pints of fluid were removed from each side of the Thorax. The urethra, about four inches down, was obliterated, the urine finding its exit by fistulous openings, which terminated in the Scrotum.

16. Bladder,—much thickened; and portion of the Penis exhibiting fistulous openings, which extend from the Urethra into the perineum.—*Gibraltar*.—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

The patient died of gangrene, caused by the escape of the urine into the cellular substance of the perineum.

17. Portion of Penis, and neck of the Bladder,—showing stricture of the Urethra anterior to the bulb, false passages made by the improper use of the catheter, and prostatic ducts dilated.—*Ibid.*—*Presented by the same.*

In this case death was produced by infiltration of urine into the surrounding parts.

18. Bladder and Penis,—exhibiting stricture of the membranous portion of the Urethra by numerous longitudinal bands, with a false passage at this part, and another at the bulb; the Bladder considerably thickened.—*Fort Pitt.*

From John Vernon, 80th Regiment, æt. 40, who had been frequently under treatment for complaints which were considered nephritic, bloody and purulent matter having been passed from the urethra. On admission, a dense obstruction was discovered to exist posterior to the bulb; and a severe, but ineffectual, attempt being made to penetrate the stricture, rigors and fever succeeded, and death soon ensued. On post mortem examination, no extravasation of urine, or formation of matter, could be discovered. The Bladder and urethra were as presented in the preparation: a catheter could be passed between the Bladder and pubes through the false passage at the membranous portion.

19. Bladder and Penis,—the former much thickened, the latter cut open to show the highly diseased state of the Urethra, the whole of which is in a sloughing condition. The opening near the glans penis is the result of an incision



made during life with a view to divide a stricture.—*Chatham.—History unattainable.*

20. Portion of Urethra,—exhibiting stricture; the surface of the canal being very irregular.—*Malta.—Presented by Mr. Fiddes, Surgeon, 85th Regiment.*

From a soldier of the 85th Regiment, who had laboured under severe stricture, which had been relieved by the use of caustic bougies. He died, subsequently, of Pneumonia.

### Class III.—ANIMAL FUNCTIONS.



## SENSATION.

### DIVISION I.—DISEASED STRUCTURE OF BRAIN.

1. Dura Mater,—with scrofulous tumours attached to it.—*Fort Pitt.*

From John Greenlash, 6th Dragoon Guards, admitted with epilepsy, to which he had been subject for many years. He complained of constant pain over the right temple, and in his ankles. He became comatose previous to death, which took place after eleven days' treatment.

2. Dura Mater,—ossified in the course of the longitudinal sinus.—*West Indies.—Presented by Mr. Grasset, Surgeon to the Forces.*

Taken from Nero, a robust Creole, who, on the day preceding his death, had been at work until the usual hour of breaking up in the evening, when he went to bed complaining of slight pain in the head, and was found dead in the morning.

3. Dura Mater,—with a Tumour adhering to it, which projected into the substance of the Brain.—*Fort Pitt.*

From William Haines, 7th Hussars, æt. 34. On admission, he complained of obstipation of the bowels, of six days' duration; his abdomen was tumid, and tongue loaded; he appeared confused in his ideas, his pupils contracted, and had slight disposition to coma. He shortly became convulsed, and died in nine days.

4. Abscess in the right hemisphere of the Brain.—*Fort Pitt.*

From Peter Boyland, 8th Light Dragoons, who had been treated for fever, and discharged cured. In a month he was readmitted, having been intoxicated nearly all the intervening time. He had then tremors, with a countenance sunk and dull, and his right pupil much dilated: the following day he became comatose, and continued in this state until the seventh day, when he died. (Vide Drawing 33.)

5. Dura mater,—with a Tumour attached to it, which projected into the substance of the Brain.—*Ibid.*

From Serjeant Robert Poole, 1st Regiment, admitted with paralysis of the left side, debility, torpor from which he was not easily roused, and impaired intellect. He was also liable to fits of irregular occurrence. The pupils were dilated in the beginning of the disease, but towards the termination became contracted. He died after a month's treatment.

6. Tumour taken from the Brain.—*Presented by Mr. Booty, Assistant Surgeon to the Forces.*

From Charles Collins, who had been amaurotic and deaf for two years previous to death.

7. Coagulable lymph thrown out upon the Dura Mater.—*Fort Pitt.*

From the same subject as No. 16. Class II. *Digestion.* Division IV.

8. Tumour,—found attached to the Dura Mater.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

This tumour, taken from an Officer who died of Enteritis, pressed on the middle lobe of the Cerebrum. Previous to his last illness, no affection of the Brain was demonstrated by symptoms. The basilar artery was dilated, and cartilaginous deposition was found in its coats.

9. Ossification of the falx of the Dura Mater.—*History unattainable.*

10. Tumour,—removed from the Brain.—*Presented by the Royal College of Surgeons, Edinburgh.*  
From a child, seven years of age, who had been affected with Hydrocephalus for upwards of two years.
11. Brain,—exhibiting an apoplectic cell in the left hemisphere.—*Fort Pitt.*—*History unattainable.*
12. Brain,—exhibiting the cyst of an Abscess in the left hemisphere.—*Ibid.*—*History unattainable.*
13. Section of Brain,—exhibiting an Abscess in the right hemisphere.—*Ibid.*  
From John Aughterson, 45th Regiment, æt. 41, admitted with chronic Hepatitis, contracted in Ceylon: four days previous to death, he became comatose. On dissection, portions of the inner table of the frontal bone were found absorbed; and a similar removal had taken place of the corresponding portions of the dura mater. An abscess was detected in the Liver; the large Intestines were also ulcerated.
14. Dura Mater,—exhibiting absorption.—*Ibid.*  
From the same subject as the preceding.
15. Section of Brain,—exhibiting an Abscess.—*Ibid.*—*History unattainable.*
16. Section of Brain,—exhibiting an Abscess of moderate size.—*Ibid.*—*History unattainable.*
17. Portion of Brain,—exhibiting thickening of its arachnoid membrane.—*Chatham.*—*Presented by Mr. Millar, Surgeon to the Forces.*—*History unattainable.*
18. Portion of Brain,—exhibiting softening of the cortical substance.—*Fort Pitt.*
19. Apoplectic cell in the posterior lobe of the right hemisphere of the Brain.—*Ibid.*—*History unattainable.*
20. Portion of Dura Mater,—exhibiting a layer of lymph on its outer surface.—*Ibid.*

From Charles Campbell, æt. 33, an out-pensioner, who had served for many years in tropical climates, where he had occasionally been affected with epilepsy. On his return to England, he had an attack of fever, after which he became deranged. On his admission into the Military Lunatic Asylum, he was still subject to epilepsy, the paroxysms supervening more frequently

each successive year, and always causing much violence of conduct. A month before his death, the fits sometimes occurred as often as three times in the four-and-twenty hours. On the morning of his decease he appeared in good health, but suddenly expired in a strong paroxysm. On dissection, the dura mater adhered firmly to the calvarium, which was thick. The venous system of the Brain was very turgid, and blood was effused beneath the arachnoid. That portion of dura mater corresponding to the left temporal bone was thickened, and a large flake of dark-coloured lymph, apparently about to fall into gangrene, was effused on its external surface. The same appearance was observed on the dura mater which lines the fossæ behind the alæ of the sphenoid bone. The Brain itself presented nothing remarkable.

21. Two portions of Dura Mater,—exhibiting lymph on their internal surface.—*Fort Pitt.*

From the same subject as the preceding.

22. Hemisphere of the Brain of an idiot,—exhibiting a large apoplectic cell externally, and softening of the substance internally.—*Gibraltar.—Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

The subject, from whom this preparation was obtained, was a paralytic idiot for many years. Death ensued from serous apoplexy.

23. Corpus callosum Cerebri,—presenting apoplectic effusions of small size into its substance.—*Fort Pitt.*

From William Champley, Royal African Corps, æt. 32, who had served some time in Africa, where he had been affected with apoplexy. Soon after admission he complained of headache, to which succeeded slight paralysis of the arms, and incontinence of urine and fæces. Convulsions and coma preceded his dissolution. On dissection, a firm fleshy tumour was found growing from the inner surface of the dura mater, and the arachnoid was opaque and thickened. The Spleen also presented bloody coagula. (Vide No. 12. Class II. *Secretion.* Division III.)

24. Dura Mater,—exhibiting firm, fleshy fungi from its inner surface.—*Ibid.*

From the same subject as the preceding. The tumour projected into the substance of the anterior lobe of the cerebrum, the surrounding parts of which were much

softened. The calvarium was much thickened and condensed.

25. Apoplectic deposit in the Cerebrum.—*History unattainable.*

26. Portion of Dura Mater,—exhibiting soft, fleshy, excrescences from its internal surface.—*Ibid.*

From John Crawford, 12th Regiment, æt. 37, admitted with constant and excruciating pain in the head, having been invalided from Gibraltar for complete amaurosis of the right eye, and the same affection of the left, but in a less degree; which complaints were of fourteen months' duration. The pupil of the right eye was dilated, and immoveable. He died on the ninth day after admission. On dissection, the Brain was found to be paler than usual, and the lateral ventricles presented about three ounces of fluid. The inferior portion of the right anterior and middle lobes of the cerebrum was in a marked state of softening, the surrounding Brain being of the usual texture. Opposite to this lesion the dura mater was found as presented in the preparation. (Vide No. 111. *Locomotion*. Division I.)

27. Portion of right lobe of the Cerebrum,—exhibiting ramollissement; the Dura Mater thickened, and presenting an abundant deposit of lymph on its internal surface.—*Ibid.*

From Francis Smith, 25th Regiment, æt. 27. He was admitted with chronic catarrh, and, soon after, became affected with incontinence of urine, and severe pain in the right eye and side of the head; in two days more he became soporose for eight-and-forty hours; and then not only the right side of the head became more painful, but the cheek was flushed and warmer than the other; the pupils were now contracted. At this period the left side of the body was found to have become paralytic. He died from an accident: a morsel of meat, having become impacted in his pharynx, caused instant suffocation. On dissection, the dura mater and arachnoid included small collections of viscid pus, which were depressed into the substance of the softened Brain, as was also the effusion of lymph from the inner surface of the dura mater. The right lobe of the cerebrum was softened throughout; the left was unusually dense.

28. Section of the left hemisphere of the Cerebrum,—exhibit-

ing a large, well-defined, tubercular deposit, with a delicate cellular structure existing between the Brain and adventitious matter.—*Ibid.*

From the same subject as No. 61. and 62. Class I. *Respiration*. Division III., and No. 60. Class II. *Digestion*. Division III. The cellular structure above mentioned presented a slight yellow tinge in the recent state.

29. Portion of the right hemisphere of the Cerebrum,—presenting a small Tubercle.—*Ibid.*

From the same subject as the preceding.

30. Exhibits dilatation of the foramen of Munro.—*Ibid.*

From the same subject as the two preceding. The lateral ventricles of the Brain contained about four ounces of limpid fluid.

31. Superficial sections of the hemisphere of the Cerebrum,—exhibiting a deposit of lymph in a granular form on the surface of the arachnoid.—*Ibid.*

From Serjeant Moore, who had been twenty-two years epileptic and insane. On dissection, small fungi were seen to arise from the external surface of the dura mater, and had caused corresponding depressions in the internal table of the skull. The arachnoid was opaque, and four ounces of fluid filled the lateral ventricles. The granules in the preparation were larger and more abundant than the glandulæ Pacchioni usually are.

32. Portion of Dura Mater,—having adhering to it a mass of coagulable lymph, the remains of a sanguineous effusion after maceration.—*Ibid.*

From John Hanniford, 44th Regiment, æt. 30, admitted in a state of stupor, having been intoxicated the night before. A bruise was discovered behind the right ear, but no irregularity of bone. He continued for a week in a state of low delirium, or perfect coma, and then died. On dissection, a large coagulum was found between the right temporal bone and dura mater. A fracture extended through the right side of the occipital bone towards the foramen magnum, opposite to which the base of the brain was a little lacerated; the left orbital plate of the frontal bone was also irregularly fractured, and on breaking up a portion of it, some coagulated blood was found between it and the periosteum, opposite to which part also a considerable laceration of the Brain had taken place.

33. Portion of Dura Mater,—having a thin layer of blood effused on its external surface.—*Malta.*—*Presented by Dr. White, Assistant Surgeon to the Forces.*

Taken from a soldier of the 95th Regiment, who died from the effects of a fracture of the skull.

34. Exhibits numerous spiculæ of bone adhering to the falx major.—*Fort Pitt.*

From Edward Morrison, 10th Hussars, æt. 47, a maniac. He was formerly a hard drinker, and had been above two years insane; at first violent, latterly sluggish and apathetic. Twelve months before his death, after an apoplectic fit, he became paralytic on the left side, and lost the power of articulation, as well as that of accurate progression: subsequently, he had several slighter attacks, followed by aggravation of the paralytic symptoms, until he became at last totally helpless. On examination, the ventricles of the Brain contained much serum; and the apices of the Lungs were filled with tubercles and vomicæ.

35. Presents a Tumour connected with the Cerebellum.—*Malta.*—*Presented by Mr. Lightbody, Surgeon, 80th Regiment.*

From a soldier, who died of fever.

36. Portion of Dura Mater destroyed by ulceration; with softening of the corresponding part of the Brain.—*Fort Pitt.*

From Thomas Powell, 46th Regiment, an epileptic lunatic, of taciturn, morose, and violent habits, who had been twelve years insane. (Vide No. 142. *Locomotion.* Division I.)

37. Exhibits a small Abscess in the right lobe of the Cerebellum.—*Ibid.*

From John Brown, 29th Regiment, æt. 30, a lunatic, sometimes quiet and inoffensive, at others unruly and pugnacious. His bodily health was good until two months before his death, when he began to complain of pain in the occipital region of the head, and tinnitus aurium: forty-eight hours before his death he fell into a state of coma. On examination, the contents of the abscess above mentioned were found to be of a cheesy nature; tubercles were detected in the right Lung, and the pleura investing the left exhibited marks of recent inflammatory action.

38. Small vesicular body,—situated in the anterior part of the septum lucidum.—*Fort Pitt.*

From John Fleming, a lunatic, who died of disease of the Heart and œdema of the Lungs. On dissection, some serum was found beneath the arachnoid, and in the ventricles.

39. Portion of Brain,—exhibiting well-marked ramollissement.—*Ibid.*

From William Sutton, 80th Regiment, æt. 38, admitted with hemiplegia sinistra, the result of an apoplectic fit two months before. He had regained in some degree the use of the lower extremity, when he was cut off by a second stroke of apoplexy. On post mortem examination, the right hemisphere of the brain was found to be in a very flaccid state, and a considerable part of it soft and pulpy.

40. Portion of the right hemisphere of the Brain,—exhibiting thickening of the arachnoid, and deposition of lymph in a granular form.—*Ibid.*

From John Bailey, 7th Light Dragoons, æt. 34, who had been insane for a year before his death, latterly noisy and violent: at this time considerable corporal debility was observed, and he gradually sunk without exhibiting any marked disease. It was said that he had a severe fall from his horse sixteen years before. On examination, strong evidence of former extensive inflammation of the arachnoid was discovered.

41. Portion of Dura Mater,—with a layer of coagulated blood adhering to it.—*Malta.*—*Presented by Mr. Smyth, Assistant Surgeon, 85th Regiment.*

From a man of the 85th Regiment, who died from effusion of blood between the dura mater and cranium, accompanied by fracture of the latter.

42. Portion of Brain,—exhibiting an apoplectic cell, with extravasation of blood on the surface of the right hemisphere.—*Fort Pitt.*

From the same subject as No. 89. Class I. *Circulation.* Division I.

43. Cerebellum,—exhibiting an apoplectic cell.—*Ibid.*

From the same subject as the preceding preparation.

44. Dura Mater,—containing a spicula of bone.—*Corfu.*—*Presented by Mr. Lightbody, Surgeon, 80th Regiment.*

From a soldier, æt. 33, who died of fever.



45. Remarkable Tumour attached to the right lobe of the Cerebellum, apparently of a scrofulous nature.—*Ibid.*—*Presented by the same.*

From William Howard, æt. 34, 85th Regiment, admitted with febrile symptoms, supposed to be excited by intemperance. The fever was soon relieved, but was succeeded by symptoms of delirium tremens, and constant severe headache, principally referred to the forehead. He died about six weeks after admission.

46. Exhibits partial absorption of the falciform process of the Dura Mater.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*

47. Exhibits an apoplectic cell in the upper part of the left hemisphere of the Cerebrum.—*Fort Pitt.*

From Serjeant Barnes, Scotch Fusileer Guards, æt. 60, a maniac, who, a year and a half previous to his death, began to show symptoms of disordered intellect, and soon after had two apoplectic fits at intervals. He then became decidedly insane, requiring coercion, and subject to various hallucinations, and so continued until his admission into the Military Lunatic Asylum, ten days before he died, when he was in a state of high maniacal delirium, although with staggering gait, and every appearance of senile decrepitude. Two days afterwards he became paraplegic, with involuntary discharge of urine and *feces*. Eventually, he expired in a fit. On dissection, besides the lesion displayed in the preparation, there was high congestion of the cerebral vessels. The stomach presented a character acutely morbid, its inner surface, particularly the cardiac division, exhibiting all varieties of colour from pink to a deep mulberry hue.

48. A Hernia Cerebri,—the skin partially cicatrized over it.—*Fort Pitt.*

From William Kellett, æt. 25, 71st Regiment, sent home from Halifax with a pulsating ulcerated tumour in the forehead, for the formation of which no cause could be assigned. The disease first appeared in the form of an abscess, which having been opened, the bone was found carious at the bottom. As the tumour increased, it was accompanied by headache, vertigo, and much sensorial disturbance. Latterly, he became affected with epileptic fits, in one of which he died. On dissection, it was found to perforate the Os frontis by a

circular opening, and to have its origin in the cerebral substance. (Vide *Locomotion*. Division I. No. 151.)

49. Cavity of the fifth ventricle of the Brain, formed in one part by the anterior crura of the Fornix.—*Malta*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals*.

From an individual who died of remittent fever. No history of the case was transmitted; but it is presumed that the preternatural size of the cavity has been produced by its distension with serous fluid effused as a consequence of the fever.

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## DIVISION II.—DISEASED STRUCTURE OF SPINAL CHORD AND NERVES.

1. Stump of the arm,—exhibiting the bulbous Tumours frequently found at the extremities of the Nerves after amputation.—*Fort Pitt*.

From the same subject as No. 35. *Locomotion*. Division II.

2. The spinal Chord of a child,—exhibiting increased vascularity.—*Malta*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals*.

From a child, thirty-eight days old, who died of Pneumonia.

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## DIVISION III.—DISEASED STRUCTURE OF THE EYE.

1. Presents adhesion of the lower eye-lid to the Cornea.—*Fort Pitt*.

From the same subject as No. 95. Class I. *Respiration*. Division III.

## LOCOMOTION.

## DIVISION I.—DISEASED STRUCTURE OF BONE.

1. Osteo-sarcomatous Tumour, growing from the diploë of the Os frontis.—*London*.—*Presented by Mr. Howship*.

From a female advanced in years, who had a scirrhus affection of the Uterus, Vagina, and Bladder, which caused her death; for some months previous to which a soft, pulpy tumour, situated on the forehead, and producing a lancinating pain referred to the integuments, was observed gradually to increase in size.

2. Portion of Rib,—exhibiting Caries.—*Chatham*.—*Presented by Mr. Millar, Surgeon to the Forces*.

From a patient who died of Phthisis. After death, the Lungs were found tuberculated, and contained large vomicae.

3. Fourth Metatarsal bone,—exhibiting Caries.—*London*.—*Presented by Mr. T. Berry, Surgeon to the Forces*.

The patient, from whom this preparation was obtained, had an extensive sinus in the upper part of the left foot; and had been suffering from secondary syphilitic symptoms for fifteen months. The diseased bone was removed by dilating the sinus, and the man recovered sufficiently to resume his trade as a glass-blower.

4. Necrosed portion of lower Jaw.—*Presented by Mr. Hamilton, Assistant Surgeon, 72nd Regiment*.

The process of exfoliation lasted fourteen months.

5. Exfoliation of part of the lower Jaw.—*Presented by Mr. Reynard, 54th Regiment*.

This disease was the consequence of injury in extracting a carious tooth.

6. Necrosed Finger.—*Fort Pitt*.—*History unattainable*.

7. Necrosis of a portion of the Os humeri.—*Ibid*.—*History unattainable*.

8. Exfoliated portion of the lower Jaw.—*Ibid*.

From a child, three years of age, who had an abscess

in the gum, which discharged copiously for a considerable time, when the bone exhibited in the preparation was detached, and the patient did well.

9. Exhibits another specimen of similar exfoliation.—*Presented by Dr. Hennen, Deputy Inspector General.*
10. Section of Tibia,—exhibiting the structure of the bone underneath a carious portion of it.—*Fort Pitt.*  
The patient, from whom this preparation was obtained, had undergone severe courses of mercury in India, for liver complaints. The cranium and both tibiæ were diseased: the abdomen contained two pints of serum; and the Liver was tuberculated.
11. Lower Jaw,—exhibiting absorption in consequence of the pressure of a Fungus.—*Ibid.*—*History unattainable.*
12. Caries of portion of the frontal bone.—*Ibid.*  
From the same subject as No. 2.
13. Tibia,—exhibiting Exostosis.—*History unattainable.*
14. Exhibits absorption of the greater part of the head of the Os femoris.—*History unattainable.*
15. Presents a section of Tibia,—showing mercurial disease.—*Fort Pitt.*—*History unattainable.*
16. Abscess in the cancellous structure of the upper part of the Tibia.—*History unattainable.*
17. Fibula,—exhibiting Exostosis.—*History unattainable.*
18. Head of the Tibia,—showing irregular deposition of bony matter.—*Fort Pitt.*  
From John Clitheroe, æt. 23, 2nd Regiment, admitted from the West Indies. He had an attack of rheumatism a month after his arrival, from which he recovered, with the exception of disease of the left knee; and for this, amputation was ultimately resorted to.
19. Presents Caries of the petrous portion of the Temporal bone.—*Ibid.*

From John Bodkin, 82nd Regiment, æt. 42, admitted with purulent discharge from the ear, and deafness on the diseased side. He died of Phthisis pulmonalis combined with Peritonitis. On dissection, there was discovered considerable effusion between the dura mater and arachnoid, and also into the ventricles of the Brain.

About an ounce of pus was found between the petrous portion of the temporal bone, and dura mater. The Lungs were tuberculated: the peritoneum exhibited signs of acute inflammation, a pint of pus being found in the pelvis.

20. Sternum,—presenting Necrosis.—*Albany Hospital, Isle of Wight.*—*History unattainable.*
21. Tibia,—diseased, with thickened periosteum.—*Fort Pitt.*  
The patient, from whom this preparation was obtained, had taken much mercury in India, and had suffered from chronic dysentery.
22. Section of Tibia,—exhibiting ulceration.—*Ibid.*  
From the same subject as No. 10.
23. Portion of Sternum,—exhibiting absorption from the pressure of an aneurism of the Aorta.—*Presented by Mr. Patterson, Assistant Surgeon, 52nd Regiment.*  
From the same subject as No. 30. Class I. *Circulation.* Division II.
24. Section of the Os femoris,—exhibiting Mollities ossium.—*London.*—*Presented by Mr. Howship.*  
Taken from a female, upwards of thirty years of age.
25. Tibia,—exhibiting extensive Caries, and loss of substance; apparently ravaged by Osteo-sarcoma.—*History unattainable.*
26. Os Femoris,—exhibiting Necrosis of a great part of its shaft.—*History unattainable.*
27. Parietal Bones,—exhibiting extensive exfoliation.—*York Hospital, Chelsea.*  
From William Hall, 16th Light Dragoons, admitted under the head of Syphilis consecutiva, having lost his penis and palate bones. He had been treated for venereal complaints two years previously; and stated that he had been salivated many times.
28. Portion of Skull,—presenting Caries of the frontal bone, the effect of scrofula.—*Fort Pitt.*—*History unattainable.*
29. Upper part of the Os humeri,—exhibiting Osteo-sarcoma.—*Presented by Dr. Watson, Surgeon to the Forces.*
30. Cranium,—exhibiting ulceration; bones of the palate and nose destroyed.—*Fort Pitt.*

From John Priestley, 53rd Regiment, æt. 40, admitted on arrival from India, where he had served fifteen years. His right tibia had been fractured on the passage home, and had not united. He had not suffered from any venereal complaint for the last twelve years, but had undergone five salivations, for the cure of dysentery and remittent fever, within the last three. He died completely worn out. (Vide Fasciculus of Anatomical Drawings from the Museum of the Army Medical Department, Plate V. fig. 2.)

31. Cranium,—exhibiting extensive ulceration.—*Fort Pitt.*

From Michael Young, 2nd Regiment, æt. 32, who had been, for the last five years, in the West Indies, where he had repeated attacks of ague and dysentery, and was five times salivated. He affirmed that he had never been affected with the venereal disease. He had also enlargement of the elbow-joint. (Vide the same, Plate V. figs. 3 and 4.)

32. Cranium,—exhibiting ulceration of the Os frontis, and bones of the face.—*Ibid.*

From Donald M'Donald, who, being affected with a bubo, which sloughed extensively, underwent two courses of mercury, the last of three months' duration. Pains in the head and limbs, livid eruption, and desquamating ulcers followed. Those on the forehead were extensive. In two years from the first appearance of the bubo, his complaints yielded, and he left the hospital well; but returned four months afterwards with ascites and anasarca, under which complaints he sunk. (Vide the same, Plate IV. fig. 1.)

33. Section of Tibia,—thickened, and showing interstitial absorption.—*Ibid.*

The effect of mercury.

34. Arm,—Radius and Ulna thickened by irregular deposition of bony matter; absorption of the cartilages of the elbow-joint.—*Ibid.*

From John Duffield, 16th Lancers, who attributed his malady to venesection, two years before, in India. On admission, there was an open abscess near the elbow; the entire arm was swollen, indurated, and painful, the principal thickening being in the course of, and directly over, the Ulna and Radius; the elbow admitted of

limited motion, but the wrist and fingers were incapable of the least action. The arm was removed in consequence of serious constitutional disturbance.

35. Caries of the second phalanx of the middle Finger.—*London.—Presented by Mr. T. Berry, Surgeon to the Forces.*

Removed when in a state of gangrene, the result of neglected Paronychia.

36. Tibia and Fibula,—exhibiting Nodes.

Said to be the effect of mercury.

37. Bones of the Leg,—thickened and ulcerated.—*Fort Pitt.*  
From the same subject as No. 32.

38. Tibia,—exhibiting a Node on its posterior aspect.—*Ibid.*  
—*History unattainable.*

39. Tibia,—thickened by irregular deposition of bony matter.—*Ibid.*

From a soldier who had Syphilis, for the cure of which he had used much mercury.

40. Tibia,—exhibiting thickening, by bony matter, of the middle of the shaft; with ulceration of the inner Malleolus.—*Ibid.*

From a soldier, who had been five times salivated for venereal complaints.

41. Portion of Tibia,—thickened and consolidated.

From a soldier, who had undergone repeated courses of mercury for syphilitic, and other complaints.

42. Tibia,—exhibiting irregular deposition of new osseous matter.

Reported to have been produced by mercury.

43. Tibia,—exhibiting Nodes.

From a man who had undergone repeated pyalisms for lues venerea.

44. Tibia and Fibula,—exhibiting irregular deposition of bony matter, with ulceration.—*Ibid.*

Said to be the result of the use of mercury.

45. Tibia,—exhibiting partial thickening.—*Ibid.*

The cranium of the subject from whom this was removed was ulcerated. He had taken much mercury for rheumatic affections, but no mention is made of his ever having had Syphilis.

46. Tibia and Fibula,—exhibiting irregular thickening, with ulceration.—*History unattainable.*

47. Tibia and Fibula,—presenting Nodes and extensive Caries.—*Fort Pitt.*

From Michael Burns, 29th Regiment, whose cranium was affected in a similar manner. On his admission, elevated blotches, of a livid colour, were observed over his body; he had ulcerated throat; and had undergone eight courses of mercury. (Vide Fasciculus of Anatomical Drawings from the Museum of the Army Medical Department. Plate III. fig. 3.)

48. Tibia and Fibula,—exhibiting thickening, with points of ulceration.—*History unattainable.*

49. Humerus,—exhibiting partial Necrosis, and extensive osseous deposition. (Vide Fasciculus of Anatomical Drawings from the Museum of the Army Medical Department. Plate VII. fig. 3.)—*History unattainable.*

50. Slight deposition of bony matter on the inferior part of the Fibula.—*History unattainable.*

51. Tibia and Fibula,—irregularly thickened by new osseous matter.—*Fort Pitt.*

From a soldier, who had undergone repeated salivations for rheumatism, and venereal disease.

52. Tibia,—ulcerated: irregular deposition of new bony matter round the ulcers.—*Ibid.*

Reported to be the effect of mercury.

53. Tibia,—exhibiting ulceration and thickening.—*Ibid.*

From the same subject as Nos. 10 and 22.

54. Tibia,—exhibiting deposition of new bony matter; the bone much consolidated.—*Ibid.*

55. Portion of Tibia,—exhibiting fracture from interstitial absorption.

56. Os humeri,—ulcerated.—*History unattainable.*

57. Thickening and consolidation of the superior half of the Radius.—*Fort Pitt.*

From the same subject as No. 51.

58. Radius,—thickened, consolidated, and ulcerated.—*History unattainable.*



59. Ulceration, with irregular deposition of bony matter, on the distal half of the Os humeri.—*History unattainable.*
60. Os Humeri and Ulna,—exhibiting ulceration and irregular deposition of bony substance.—*Fort Pitt.*  
From a soldier, who had been twice salivated for Syphilis, and five times for other diseases.
61. Radius thickened and consolidated.—*Ibid.*  
Reported to have been produced by mercury.
62. Ulceration of the Os humeri near its distal extremity.—*Ibid.*—*History unattainable.*
63. Os Femoris,—exhibiting ulceration, with irregular deposition of new bony matter.—*Ibid.*  
Reported to be a sequela of lues, which was treated by extensive use of mercury.
64. Trochanter major femoris,—exhibiting ulceration.—*Ibid.*  
Produced by bed-sore.
65. Portion of the lower part of the Os femoris,—presenting Exostosis.—*Ibid.*  
From the same subject as the ulcerated cranium, No. 31.
66. Caries of the distal extremities of the bones of the leg, with thickening and consolidation of the Tibia.—*Ibid.*—*History unattainable.*
67. Tibia,—exhibiting superficial Necrosis, and the commencement of the process of exfoliation; the line of disjunction being distinctly visible.—*History unattainable.*
68. Trochanter major femoris,—exhibiting ulceration, and deposition of new bony matter.—*History unattainable.*
69. Calvarium,—exhibiting incipient ulceration of both tables.—*Fort Pitt.*  
Supposed to be the effect of mercury.
70. Ulceration of the internal table of the skull.—*Ibid.*—*History unattainable.*
71. Another specimen of ulceration of the internal table of the skull.—*Ibid.*—*History unattainable.*
72. Presents absorption of the internal table of the skull.—*Ibid.*  
These depressions are the effect of the pressure of Fungi from the dura mater.

73. Another specimen of absorption of the inner table of the skull, from the same cause.—*Ibid.*
74. Skull-cap,—exhibiting ulceration of both tables.—*Ibid.*  
Reported to be the effect of mercury.
75. Portion of Cranium,—exhibiting ulceration of the external table.—*Fort Pitt.*—*History unattainable.*
76. Portion of Cranium,—thickened and consolidated, and exhibiting ulceration of both tables.
77. Skull-cap,—much thickened and consolidated, and exhibiting defined ulcerations extending through both tables.
78. Ulceration of a portion of the Os frontis, with Necrosis.—*North America.*—*History unattainable.*
79. Anchylosis of the Atlas to the Os occipitis.—*Portsmouth.*  
—*Presented by Dr. Hennen, Deputy Inspector General of Hospitals.*  
From a Negro, who died of Phthisis. He never complained of any inconvenience from this anormal structure, during life.
80. Ulceration of both tables of the Cranium, and of the upper Jaw-bone.—*History unattainable.*
81. Ulceration of both tables of the Skull; with a depression in the Os frontis, denoting the site of a former ulcer.—*History unattainable.*
82. Skull-cap,—exhibiting depressions, denoting the site of old ulcers.  
Reported to be the result of the use of mercury.
83. Presents ulceration of the external table of the Os frontis.—*History unattainable.*
84. Exhibits tumefaction of the superior maxillary bones.—*Sierra Leone.*—*Presented by Dr. Sweeney, Deputy Inspector General of Hospitals.*  
The cranium is, apparently, that of a Negress.
85. Cranium,—exhibiting thickening and consolidation.—*Fort Pitt.*  
From John Tupinger, 60th Regiment, æt. 42, who died of dropsy.
86. Cranium,—presenting exfoliation of the posterior part of the alveolar process of the right superior maxillary bone.—*Ibid.*—*History unattainable.*
87. Absorption of the bony palate, and portions of the upper Jaw, and Malar bones.—*Ibid.*

From John Blackwood, æt. 39, 1st Veteran Battalion, admitted with Carcinoma of the face: a large fungous zone was situated over the right cheek, and connected with the antrum of the same side. He, at length, died greatly emaciated. (Vide Drawing, No. 76.)

88. Cranium,—exhibiting absorption of part of the bones of the face.—*Fort Pitt.*

This absorption was the result of pressure of Polypus nasi. The patient, John Hobhouse, died of pulmonic disease. (Vide Drawing, No. 75.)

89. Presents absorption of the right half of the lower Jaw.—*Ibid.*

Produced by the pressure of a carcinomatous fungus.

90. Cranium,—exhibiting Necrosis of part of the superior Jaw-bone, the necrosed portion nearly separated by disjunctive absorption; the bony palate and part of the orbits having exfoliated.—*Presented by Dr. Kinnis, Assistant Surgeon to the Forces.—History unattainable.*

91. Presents the effect of Abscess in the posterior superior spine of the Os ilii.—*History unattainable.*

92. Ulceration of the internal table of the skull; a defined aperture communicating with the surface.—*History unattainable.*

93. Portion of Cranium,—exhibiting ulceration of the Malar bone and zygoma.—*History unattainable.*

94. Presents ulceration of both tables of the Cranium.—*History unattainable.*

95. Tibia,—exhibiting Necrosis.—*Presented by Mr. O'Brien. History unattainable.*

96. Exfoliated portions of Frontal bone.—*Chatham.*

From Serjeant Philip Conway, 54th Regiment, æt. 35, who, three years prior to his admission into hospital, had been affected with pain in the forehead, succeeded by a hard tumour over the Os frontis, which suppurated slowly, and two years after the commencement of the complaint was punctured, when the bone underneath was found to be denuded. In course of time the necrosed bone exfoliated. At the commencement of the exfoliation, the cerebral pulsation was visibly communicated to the pus contained in the hollows of the diseased bone.

This man recovered. He had three times in his life been under the influence of mercury. (Vide Cast, No. 2.)

97. Caries of the upper part of the Sternum and first Rib, with deposition of scrofulous matter in the neighbourhood of the ulceration.—*Fort Pitt.*

From the same subject as No. 29. Class II. *Secretion.* Division IV.

98. Cranium,—exhibiting various degrees of deficiency, total and partial, of a large portion of its parietes, chiefly from exfoliation.—*Barbadoes.*—*Presented by Mr. Gunning, Inspector General of Hospitals.*

From an African Negro, a maniac, with occasional violent paroxysms. He had, for four years, been affected with disease of the Cranium, the consequence of a sabre-wound on the left parietal bone; and many large pieces of bone exfoliated at different times.

99. Sternum,—exhibiting Necrosis.—*Fort Pitt.*

From George Dow, æt. 24, who, on his arrival from North America, had necrosed Sternum, strumous abscesses in different parts of the body, and hectic fever; from the effects of which, together with pulmonary consumption, he soon sunk. On dissection, the Lungs were pervaded by tubercular deposition, and vomicæ; and the intestinal canal was in many places affected with tubercular ulceration.

100. Os temporalis,—exhibiting ulceration of the bony walls of the meatus, and mastoid process.—*Ibid.*

From John Bean, 42nd Regiment, æt. 30, admitted with Phthisis pulmonalis, of which he died. He had been very deaf for six months previous to admission, which complaint he attributed to cold; and had copious purulent discharge from both ears. After death, it was found that an abscess situated in the mastoid process communicated with the internal ear, and that the membrana tympani, and all the ossicula auditûs, except the stapes, had been destroyed by ulceration.

101. Portion of the left Temporal bone,—presenting the same disease, the ulceration of bone in the internal meatus being rather more extensive.

From the same subject as the preceding.

102. Portion of Cranium,—exhibiting death and complete exfoliation of the greater part of the Os frontis.—*Bengal.*—*Presented by Dr. Brown, Surgeon, 87th Regiment.*

From N. Reily, æt. 29, who had been affected with an ulcer of the corona glandis penis. Mercury being given in sufficient quantity to produce ptyalism, the prepuce sloughed, and the parts healed. In a short time, however, he complained of pain in the bones, and was again put under a mercurial course. As the disease advanced to its fatal termination, he had a node on the tibia, and an ulcer on the thigh, in addition to the ulceration denoting the disease of the frontal bone.

103. Section of an osteo-cartilaginous Tumour of the Finger. The tumour arises from the first phalanx, and is composed of a firm cartilaginous structure, with spiculæ of bone shooting into it: the shell of the bone at its root is absorbed, and the osseous fungus arises from the cancelli.—*History unattainable.*

104. The corresponding section of the same Tumour.  
From the same subject as the preceding.

105. Tibia,—exhibiting considerable thickening of the periosteum of the inner side.—*Fort Pitt.*  
From a soldier, who had been salivated for visceral and venereal diseases. He ultimately died of scurvy, contracted during his voyage home from the East Indies.

106. Stilo-hyoid Ligament,—in the centre of which is situated a distinct spicula of bone.—*Ibid.*

From a soldier, in whose neck this spicula of bone was found, between the angle of the inferior jaw and posterior belly of the digastric muscle; a distinct ligamentous substance, about an inch in length, intervening between it and the stiloïd process.

107. Section of an osteo-sarcomatous Tumour, which extended between the first and second ribs,—made up of a very soft fleshy deposit, with spiculæ of bone growing into it from the centre of those bones.—*Ibid.*

From the same subject as No. 30. Class II. *Secretion.* Division IV.

108. Section of the Os femoris,—presenting considerable shortening of its neck, and abundant deposition of caseous matter in the cancellous structure of the bone: the head is approximated to the shaft, and depressed very considerably below the trochanter major.—*Ibid.*

From John Fox, æt. 32, 35th Regiment, who died of tubercular Phthisis. He had been under treatment in the West Indies for fistulæ near the rectum. Some time after admission, it was discovered that the circumference of the right thigh was not so great as that of the left by two inches; and he subsequently complained of pain in the affected limb, which he attributed to a fall received some years before in the Island of Nevis. (Vide Division II. No. 31.)

109. Pelvis,—exhibiting the devastations of Osteo-sarcoma in the Ossa Ilii, and Sacrum.—*Ibid.*

The tumours, situated where the substance of the bones is destroyed, were composed of a yellowish spongy structure, interspersed with numerous osseous spiculæ. From the same subject as No. 106.

110. Calvarium,—exhibiting tortuous linear elevations in the tabula vitrea.—*Ibid.*

From Thomas Fitzgerald, æt. 25, who had been subjected to repeated attacks of epilepsy. Soon after his admission into the General Hospital, the left upper extremity became paralytic, to which succeeded hemiplegia of the whole of the same side, low delirium, and death. On dissection, granular depositions were seen on the dura mater, corresponding to indentations on the inner table of the skull; and an abscess was detected in the posterior lobe of the right hemisphere of the Brain. The left pleural sac contained serum, and was coated with lymph; and two cysts, containing purulent matter, were situated in the left Lung, which was much consolidated. The abscesses were unaccompanied by any tubercular deposit.

111. Calvarium,—thickened, consolidated, and exhibiting extensive ulceration of the external table; the diploë obliterated by osseous deposit.—*London.*—*Presented by Mr. Gulliver, Assistant Surgeon to the Forces.*

Taken from a man who died of epilepsy.

112. Portion of Cranium,—exhibiting Caries of the Superior maxillary bone, and extensive absorption of the cribriform plate of the Ethmoid bone: part of the alveolar process is necrosed, and nearly detached from the surrounding parts: the Ethmoid and left Malar bones have also undergone some degree of simple absorption, or erosion.

From the same subject as No. 27. *Sensation*. Division I.

113. Os innominatum,—exhibiting in some parts the ravages of Osteo-sarcoma; in others ulceration, and considerable deposition of new bony matter.—*Brighton*.—*Presented by Dr. Riach, Assistant Surgeon, 10th Hussars.*

From James Minahan, æt. 23, 10th Hussars, who had been affected with osteo-sarcomatous disease in the left thigh, which, in a year, proved fatal. On dissection, it was discovered that the os innominatum was also involved in this extensive degeneration. Its periosteum was thickened, and easily detached.

114. Section of a Rib,—exhibiting dilatation of its parietes, and medullary deposit into its cancellous structure.—*Fort Pitt.*

From the same subject as No. 30. Class II. *Secretion*. Division IV.

115. Rib,—presenting many bony spiculæ, and destruction of its osseous structure.—*Ibid.*

From the same subject as the preceding. The intervals between these spiculæ were occupied by soft, fleshy, matter.

116. Osteo-sarcomatous Tumour, from the upper part of the left Thigh-bone.—*Brighton*.—*Presented by Dr. Riach, Assistant Surgeon, 10th Hussars.*

From the same subject as No. 112. The superior portion of this bone, for seven inches of its length, was engaged in the origin and growth of the tumour. Its head remained attached to the acetabulum by the round ligament, but had no connexion whatever with the shaft, the neck having entirely disappeared amidst the vast mass of disease: the lower part was healthy.

117. Head and body of the Thigh-bone, from which the osteo-sarcomatous tumour forming the subject of the last preparation had its origin; exhibiting destruction, partial or entire, of the neck, head, and trochanters, and deposit of adventitious bone on the shaft.—*Ibid.*—*Presented by the same.*

From the same subject as Nos. 112 and 115.

118. Presents Caries of the head and trochanter major of the left Thigh-bone.—*History unattainable.*

119. Presents an Exostosis from the upper and inner part of the Os humeri.—*Fort Pitt.*

From Samuel Bruff, Royal African Corps, æt. 32, who was admitted, soon after his arrival from the Coast of Africa, (where he had served four years and a half,) with pain, swelling, and tension of his right arm, brought on, as he supposed, by over-exertion in digging, and aggravated by working at the Garrison pumps. The tumefaction still continuing, and being confined to the upper arm, although no distinct fluctuation was perceptible, it was deemed advisable to make an incision in the most prominent part, which was done, without giving vent to any discharge. This was quickly followed by gangrene, and death. On inspection of the interior of the tumour, a large mass of dark coagulum was observed, in the midst of which was a cavity, containing two or three ounces of coagulable lymph: the surrounding cellular membrane was much infiltrated with grumous blood. The brachial artery was pervious and sound to about the middle of its course, when it became contracted in its calibre, and contained loose fibrine. The vein was also diminished in size at the same part, where it had likewise changed its colour and texture. These vessels were so agglutinated, that great difficulty was experienced in tracing and examining them. On removing the soft parts, the exostosis was discovered, with its sharp and rough edge opposed to the diseased portion of the blood-vessels.

120. Portion of Tibia and Fibula,—exhibiting Caries of their inferior extremities.—*Ibid.*

From Arthur Armstrong, 5th Dragoon Guards, æt. 23, admitted with Fungus hæmatodes of the great toe, which he attributed to a contusion, caused by his foot slipping from the manger on to the edge of a bucket, about a twelvemonth before. On admission, there was an enormous, cauliflower-shaped, fungous excrescence, growing from the under part of the great toe; its surface was covered with a foul black crust, the removal of any part of which gave rise to hæmorrhage. The upper parts of the foot being apparently in an unhealthy state, the limb was successfully amputated above the ankle, when the morbid condition of the two bones which form the subject of the preparation was discovered. (Vide Class VI. No. 32.; and Painting, No. 18.)



121. Caries of the upper extremity of the Fibula, the head of the bone being entirely destroyed.—*Ibid.*

From Thomas Bond, 2nd Foot, æt. 25, admitted with ulcers on the outer part of the right leg, below the knee, communicating with the head of the Fibula, which was carious, and ultimately exfoliated. He died of Phthisis pulmonalis. After death, the disease of the Fibula was found to be entirely unconnected with any morbid condition of the knee-joint.

122. Os Femoris,—exhibiting curvature, and Necrosis of the entire shaft, with abundant deposition of new osseous matter.—*Presented by Mr. Hennen, Assistant Surgeon, 57th Regiment.*

Found in a church-yard in Scotland.

123. Cranium,—exhibiting considerable flattening on the left side of its vertex.—*Ibid.*

From Evan Owens, 31st Regiment, æt. 31, who died of Ascites. Nothing is known of his intellectual powers worthy of remark.

124. Clavicle,—become carious from the pressure of an aneurismal tumour.—*Malta.—Presented by Dr. Portelli.*

From a Maltese, æt. 40, who died from rupture of an aneurism of the right subclavian artery.

125. Extensive Caries of the parts of the Thigh-bone connected with the knee-joint; with abundant and universal deposit of new bone on the adjoining shaft.—*Ibid.*—*Presented by Dr. White, Assistant Surgeon to the Forces.*

From a soldier of the 95th Regiment, whose thigh was amputated on account of this disease. The case proved fatal, after a ligature had been placed on the femoral artery for secondary hæmorrhage. (Vide No. 55. Class I. *Circulation*. Division II.; and No. 8. Division III.)

126. Cranium,—exhibiting extensive Caries of the external table.—*Fort Pitt.*

From the same subject as No. 47. (Vide Fasciculus of Anatomical Drawings, from the Museum of the Army Medical Department, Plate III. Figs. 1. and 2.)

127. Cranium,—exhibiting two erosions, which have penetrated the left parietal bone, corresponding with tu-

mours of the Dura mater.—*Gibraltar*.—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

From a Lascar, who died of Pneumonia. His companions stated that he had formerly met with a severe fall from the mast of a ship, which stunned him at the moment, but that he never afterwards made any complaint of injury to his head.

128. Cranium,—exhibiting deficiency of part of the Frontal and Sphenoid bones.—*Fort Pitt*.—*History unattainable.*

129. Exhibits erosion of the inner table of the Skull-cap.—*Ibid.*—*History unattainable.*

130. Calvarium,—presenting erosion, and deposition of osseous matter on the inner table of the Os frontis.—*Ibid.*—*History unattainable.*

131. Skull-cap,—exhibiting deficiency of the right frontal sinus.—*Ibid.*—*History unattainable.*

132. Upper part of the Os femoris,—exhibiting Caries of the trochanter major.

From Serjeant William Hobbs, æt. 39, 40th Regiment: the result of long-continued bed-sores.

133. Extensive Caries of the left Superior maxillary bone.—*Ibid.*—*History unattainable.*

134. Sternum,—exhibiting malformation.—*Ibid.*—*History unattainable.*

135. Caries, and deposition of osseous matter at the lower and back part of the Os femoris.—*Ibid.*

From the same subject as No. 60. Class I. *Circulation*. Division II.

136. Presents Caries of both trochanters of the left Os femoris, with surrounding deposition of new osseous matter.—*Presented by Dr. Williams, Assistant Surgeon, 68th Regiment.*

Besides the disease exhibited in the preparation, there was found ulceration of the acetabulum, with destruction of the ligamentum teres, and a considerable part of the capsular ligament.

137. Portion of Os frontis,—exhibiting much erosion of the inner table of the bone, with deposit of osseous matter.—*History unattainable.*

138. Exhibits an Exostosis (or splint) from the leg of a horse.  
—*Bengal*.—*Presented by Captain Squire*.
139. Caries of the right Elbow-joint, the external condyle of the Os humeri being wholly destroyed.—*Ibid*.—*Presented by Dr. Burke, Inspector General of Hospitals*.—*History unattainable*.
140. Exhibits Caries of the Sternum, near the right sternoclavicular articulation, with ulceration of the sternal end of the right Clavicle.—*Ibid*.—*Presented by the same*.—*History unattainable*.
141. Presents deficiency of a great part of the palatine plates of the Superior maxillary bones, and considerable erosion of both tables of the Frontal bones.—*Fort Pitt*.  
From Corporal James Simcock, 38th Regiment, æt. 33, who had served fourteen years in India, where he had suffered from a complication of rheumatic and syphilitic affections. He died of a subacute attack of Pneumonia, after his constitution had been entirely broken up by the ravages of a pseudo-syphilitic affection among the joints and bones.
142. Tibia,—exhibiting a node.—*Ibid*.  
From John Ultigan, 14th Regiment, a maniac, who died of Phthisis pulmonalis. Nothing is known respecting the subject of the present preparation.
143. Skull-cap,—exhibiting a fissure in the right Parietal bone, with irregular deposit of osseous matter on the inner table.—*Ibid*.  
From the same subject as No. 35. *Sensation*. Division I.
144. Skull-cap,—exhibiting great attenuation of the upper part of the Parietal bones, with slight perforations. (Vide Division IV. No. 67.)—*Presented by Dr. Scott, Surgeon, Rifle Brigade*.—*History unattainable*.
145. Caries of the Tibia.—*Ibid*.  
From Serjeant Stannard, 48th Regiment, æt. 32, an emaciated and cachectic subject, who died of dropsy of the pericardium and pleural cavities; having, for nine months, been affected with sloughing ulceration in the left leg, which succeeded erysipelas and abscess.
146. Upper part of the Thigh-bone, with extensive osseous deposit round the trochanter, and great consolidation

of its substance.—*Malta.*—*Presented by Dr. Connell, Assistant Surgeon, Rifle Brigade.*—*History unattainable.*

147. Tibia,—exhibiting irregular and extensive deposition of new bony matter.—*Fort Pitt.*

From John M'Mahon, 1st Regiment, admitted with chronic dysentery, of which he died. Two years previously he had been affected with primary syphilis, and subsequently had an attack of fever, after which numerous ulcerations broke out in various parts of his body.

148. Left Radius and Ulna,—exhibiting irregular osseous deposits.—*Ibid.*

From the same subject as the preceding.

149. Cranium,—presenting extensive ulceration of both tables, in one part amounting to entire perforation, also ulcerative destruction of part of the Vomer and Ossa spongiosa.—*Ibid.*

From the same subject as No. 98. Class II. *Digestion.* Division III. The patient had been long affected with chronic pains in the head, particularly severe about the forehead and frontal sinuses: he was also subject to epistaxis, and large foetid coagula often escaped from the left nostril; he had also insomnia, with great depression of spirits. No external appearance of injury or disease was ever detected in the forehead, or scalp.

150. Tibia,—exhibiting irregular deposition of bony matter, with ulceration.—*Ibid.*

From William Murphy, 65th Regiment, who had been long subject to rheumatism, particularly in the larger joints. On admission, he was very much emaciated, and had two paroxysms of intermittent fever, after the last of which he gradually became exhausted, and died.

151. Exhibits extensive scrofulous disease in the bones and articulations of the Foot and Ankle.—*Ibid.*

From James Croker, 87th Regiment, æt. 21, whose leg was amputated successfully on account of this state of parts.

152. Large circular foramen in the Os frontis.—*Ibid.*

From William Kellet, 71st Regiment, æt. 25, ad-

mitted with a *Hernia cerebri*, of considerable magnitude, to which this foramen gave exit. He, at length, died under reiterated attacks of epilepsy.

153. *Cranium*,—exhibiting ulceration of the *Os frontis*, with loss of the *Ethmoid* and *Palate* bones from the same cause.—*Ibid.*

From William Meritt, 53rd Regiment, æt. 22, admitted with scrofulous enlargement of the knee-joints, rheumatic pains, a malignant ulcer on the nose, (which had already destroyed the right ala,) and an ill-conditioned phagedenic ulcer on the forehead. Small portions of bone were at various times ejected from the nose. Subsequently, the left ear discharged pus profusely, his extremities became œdematous, and he was attacked with erysipelas in the head. He died, finally, of tubercular suppuration of the left Lung. He had formerly been affected with a protracted venereal affection, for which he had been subjected to the influence of mercury.

154. *Scapula*,—exhibiting Caries of various parts.

From Henry Woolger, 53rd Regiment, æt. 24, a scrofulous subject, sent home from Gibraltar with deep-seated ulceration in the left shoulder and arm, communicating externally by long sinuses. From these a profuse discharge took place, inducing hectic fever, and a train of symptoms, which, after a protracted suffering, terminated in death. On dissection, there was observed increased vascularity of the membranes of the Brain, and effusion of serum beneath them, and in the ventricles. A sinus ran from the ulcer on the left shoulder, under the clavicle, and another on the outer and upper part of the same arm, communicating with the first; the two nearly embraced the head of the *Os humeri*.

155. Extensive Caries of the neck and adjacent parts of the *Os humeri*.—*Ibid.*

From the same subject as the preceding.

156. *Clavicle*,—exhibiting destruction of its scapular extremity from Caries.—*Ibid.*

From the same subject as No. 155.

157. Necrosis of the inferior end of the *Tibia*,—sequestrum visible.—*Ibid.*

From Serjeant-Major Robert Legge, æt. 49, 2nd Dragoon Guards. Nine months previous to admission,

without apparent cause, he became affected with inflammation in the left leg, which, soon degenerating into ulceration, disclosed diseased bone, and ultimately assumed so formidable an aspect as to render his discharge from the service imperative. On admission, the ulcer was very extensive and foul, discharging profusely, with dead bone perceptible at the bottom. Three months afterwards the limb was attacked by erysipelas, which extending rapidly above the knee, a very high amputation was resorted to, and the result was most successful.

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## DIVISION II.—DISEASED STRUCTURE OF JOINTS AND BURSÆ.

1. Hip-joint,—the cartilages absorbed, and bones carious.—*History unattainable.*

2. Ulceration of the bones of the Hip-joint.—*Fort Pitt.*

From Robert Cooper, 10th Hussars, admitted with morbus coxarius, produced by a fall from his horse, when in France. He was twenty months under treatment, deprived of locomotion, before he died.

3. Elbow-joint,—exhibiting ulceration of the cartilage, extending to the bone.—*Ibid.*—*History unattainable.*

4. Hip-joint,—exhibiting deposition of lymph, and ulceration of the head of the Os femoris, with separation of its cartilage.—*Presented by Mr. Eagen, Assistant Surgeon, 19th Lancers.*

From Thomas Stevens, 19th Lancers, admitted with pain in the left hip and knee. He stated that, three months before, he first felt his hip painful, in consequence of having kicked his foot against some inequality in the ground. The case proved fatal, after a treatment of nine weeks.

5. Bones of the Shoulder-joint,—exhibiting ulceration.—*Fort Pitt.*

From Michael Butt, 8th Hussars, admitted with many large ulcers in the shoulder and side, communicating

with the bones and joint of the former, which he ascribed to a fall from his horse. He died hectic.

6. Ankle-joint,—exhibiting thickening of the synovial membrane, and effusion of lymph.—*Fort Pitt.*

From Edward Hanlow, æt. 24, 41st Regiment, who, about a year previous to admission, had been stung on the outer malleolus by a venomous insect in India, the wound from which had degenerated into an ulcer. After his arrival in England, great tumefaction of the foot took place, and the slightest motion occasioned exquisite pain. Five incisions made on both sides of the joint produced only temporary relief. The constitutional symptoms at length becoming urgent, and indicative of danger to the patient's life, amputation was performed, with successful result.

7. Knee-joint,—exhibiting thickening of the synovial membrane, and effusion of lymph.

8. Bones of the Knee-joint,—exhibiting ulceration, with irregular deposition of osseous matter.—*Ibid.*

From the same subject as No. 21. Class II. *Digestion.* Division IV.

9. Hip-joint,—exhibiting absorption of the synovial membrane and cartilage.—*Ibid.*

The disease was attributed by the patient to a fall, eight months before admission into hospital.

10. Hip-joint,—showing absorption of part of the head of the Os femoris, and ulceration of the acetabulum and Ilium.—*York Hospital, Chelsea.*

From John Ferrol, 11th Light Dragoons, who was admitted with pain in the hip, of twelve months' duration. Suppuration took place in the joint, and the case proved fatal.

11. Hand,—exhibiting abundant deposition of Chalk-stones, the effect of gout.—*Presented by Mr. Galeani, Assistant Surgeon, 43rd Regiment.*

From an Officer, 35th Regiment, æt. 45, of temperate habits, who had undergone much active service. He was for some years before his death much affected with gout: many balls of chalk were removed from his hands; and he could write on the table with the point of his finger. Ulcers had also formed on his feet, which usually discharged an ounce of fluid chalk in the twenty-four hours.

12. Elbow-joint,—exhibiting absorption of cartilage, and deposition of lymph.—*Fort Pitt.*

From Richard Baker, æt. 23, 4th Regiment, admitted with a scrofulous affection of the elbow-joint, of twelve months' duration. The case was brought to a successful termination by amputation.

13. Hip-joint,—exhibiting absorption of cartilage, and abundant deposition of lymph in the acetabulum.—*Ibid.*

From Robert Tallow, 7th Fusileers, æt. 23, admitted with morbus coxarius, contracted from exposure to wet and cold. After seven months' treatment, he sunk under colliquative diarrhœa. On dissection, slight ulceration of the mucous membrane of the small Intestines was detected.

14. Hip-joint,—presenting extensive ulceration.—*Ibid.*

The patient died of Phthisis pulmonalis.

15. Elbow-joint,—exhibiting Caries.—*Ibid.*

The result of injury received sixteen months previously: the patient was a highly scrofulous subject. The limb was removed by operation, in consequence of alarming hectic setting in.

16. Knee-joint,—diseased from Scrofula.—*Ibid.*

Removed from a lad twelve years of age.

17. Bones of the Elbow-joint,—exhibiting ulceration, and irregular deposition of bony matter.—*Ibid.*—*History unattainable.*

18. Exhibits disease of the synovial membrane of the Knee-joint.—*Fort Pitt.*

Removed from a lad ten years of age, who had suffered under the disease for upwards of eight months.

19. Caries of the Ankle-joint.—*Ibid.*

Removed from a lad, in whom the disease was consequent on injury.

20. Elbow-joint injected,—exhibiting thickening and induration of the soft parts, with Caries of the upper end of the Ulna, and inner condyle of the Os humeri.—*Ibid.*

From John Bedford, 74th Regiment, æt. 18, of a scrofulous habit, who was admitted with diseased elbow-joint, attended with high fever; the affection having commenced four months previously in the form of an abscess on the inner condyle. The arm was amputated, with a favourable result.



21. Exhibits ulceration of the Astragalus, and soft parts of the Tarsus.—*Fort Pitt.*

From William M'Cardiff, æt. 20, 39th Regiment, who was admitted with disease of the right hip-joint, which was relieved by the ordinary treatment: but some months afterwards the malleolar joint of the same side became affected; and sinuses having formed, accompanied by an accession of hectic fever, the limb was amputated. Soon after the healing of the stump, symptoms of pectoral disease made their appearance, which terminated in confirmed Consumption, and proved fatal.

22. Anchylosis of the Hip-joint,—with irregular deposition of bony matter.—*Gibraltar.*—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

The subject was a tailor, who, having laboured under this malady for many years, ultimately died hectic.

23. Bones of the Knee-joint,—exhibiting extensive ulceration. Reported to be the effect of Scrofula.

24. Bones of the Hip-joint,—presenting formidable ulceration.—*History unattainable.*

25. Anchylosis of the Tibia and Patella to the Os femoris, and of the Fibula to the Tibia.—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

Found in a churchyard. A section has been made for the purpose of showing the continuity between the cancellous structure of the Os femoris and Tibia.

26. Os humeri,—exhibiting changes in its head, the effect of gouty inflammation. The cartilage is completely absorbed, as well as a portion of the head of the bone, which is converted into a porcelain-like substance: an anormal deposition of osseous matter has taken place round the absorbed part.—*London.*—*Presented by the same.*

Taken from a woman who died of gout, with which she had been afflicted many years.

27. Ulceration of the synovial membrane and cartilages of the Carpal articulation.—*Fort Pitt.*

Removed, by operation, from Daniel Morgan, 23rd Regiment, æt. 23, who had, for about six months, been affected with swelling of the wrist, accompanied with ulceration, sinuses, and hectic fever.

28. Portion of Foot,—exhibiting Caries of the Tarso-metatarsal articulation.—*Fort Pitt.*

From Joseph Read, æt. 31, Rifle Brigade, who had, for a long time, been annoyed with ill-conditioned ulceration of the dorsum pedis, the consequence of external injury. The treatment adopted proved unavailing; the ulceration extended; sinuses formed in every direction, communicating with the diseased bones; and hectic fever supervened. Amputation was, therefore, resorted to: the man did well. The articulations of the os calcis and astragalus to the naviculare and cuboid bones were perfectly healthy.

29. Ulceration and interstitial absorption of the bones of the Ankle-joint; the cartilages completely removed, and the bones rendered very light by the absence of their earthy matter.—*London.*—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

From a man, who had for some years been affected with disease of the ankle: cause of death not known.

30. Distal end of the left Os femoris,—presenting a well-defined depression in the cartilage of the inner condyle, apparently the cicatrix of an old ulcer.—*Fort Pitt.*

From a soldier, who died of dysentery, contracted in the West Indies. No account of the history of the lesion was transmitted, or known. There was considerable contraction of the knee-joint, which could not be extended by the application of ordinary force.

31. Hip-joint,—exhibiting abrasion of the synovial membrane, with enlargement of the head, and shortening of the neck, of the Os femoris.—*Ibid.*

From the same subject as No. 107. Division I.

32. Hip-joint,—presenting extensive ulceration of the cartilage, and prodigious thickening of the inferior part of the capsule.—*Ibid.*

From John M'Cully, 55th Regiment, æt. 22, who had been affected with disease of this joint for upwards of three months, and died exhausted by hectic fever. The limb below was latterly attenuated, shortened, and slightly inverted: an abscess, which contained turbid scrofulous matter, had also formed behind the great trochanter. On examination, the acetabulum was found to be filled with brick-coloured grumous fluid; the ulcerated surface presented the highest vascularity; the round ligament

was severed by the ulceration; and portions of cartilage were detached from the bone.

33. Exhibits scrofulous disease of the articulating surfaces of the Astragalus, and Os scaphoides.—*Fort Pitt.*

From the same subject as No. 49.

34. Ankle-joint injected,—presenting extensive ulceration of the cartilage, and erosion of the bones; with considerable vascularity of the latter.—*Ibid.*

From James Cassidy, æt. 28, 56th Regiment, of strumous habit, who was several months confined in hospital with pulmonary Phthisis, of which he, eventually, died. Some weeks before death, an ill-conditioned fistulous ulcer formed in the integuments investing the external malleolus, which afforded a copious sanious discharge, sometimes mixed with curdy matter.

35. Elbow-joint,—presenting Caries of the extremities of its bones, the effect of scrofula.—*Ibid.*

From Henry Neadon, 67th Regiment, æt. 24, an emaciated and unhealthy subject, in whom both elbow-joints were alike affected with caries, suppurating externally. The left arm (the subject of this preparation) was removed; but he died, after lingering a considerable time, with the stump nearly healed. (*Vide Sensation. Division II. No. 1.*)

36. Exhibits destruction of the proximal articulating portion of the fourth Metatarsal bone.—*Ibid.*

From the same subject as No. 49.

37. Exhibits total destruction of the cartilages, and any extensive Caries of the bones, of the Shoulder-joint.—*Ibid.*

From Thomas Ainsworth, 7th Fusileers, æt. 25, admitted with ulceration of the right shoulder-joint, of fifteen months' duration; after suffering for two months more, and being worn out from diarrhœa and profuse discharge from the joint, he died. On dissection, loose portions of bone, which had exfoliated, were found in the joint: the large Intestines presented ulceration of their lining membrane.

38. Presents scrofulous ulceration of the right Elbow-joint.—*Fort Pitt.*

From the same subject as No. 35.

39. Presents loss of a great part of the Metacarpal bone of the

left middle finger, with the first phalanx, which is also imperfect, united to it by an intermediate ligament.—*Fort Pitt.*

Taken from a soldier, a maniac, from whom no account of the lesion could be procured.

40. Knee-joint,—exhibiting degeneration of the synovial membrane into a brownish pulpy mass; with loss of the semilunar cartilages.—*Ibid.*

Removed by amputation from Christopher MacGuire, 24th Regiment, æt. 25. The disease was stated to have been produced by a fall, and to have been twelve months in progress: the bones were not diseased; there were many abscesses in the neighbourhood of the joint.

41. Knee-joint,—exhibiting great destruction of cartilage, and extensive Caries of bone.—*Ireland.—Presented by Mr. Cavet, Assistant Surgeon, 97th Regiment.*

From John Healy, 65th Regiment, æt. 22, a phthisical subject, affected, at the same time, with pain and swelling of the right knee, in the neighbourhood of which abscesses shortly formed. Hectic fever and diarrhœa subsequently supervened; and he died in a twelvemonth from the commencement of the disease.

42. Bones of the Knee-joint,—presenting extensive Caries.—*Malta.—Presented by Dr. Hodson, Surgeon, 95th Regiment.*

Removed by amputation from John Close, 95th Regiment. On examining the posterior part of the joint, the popliteal artery was found to pass through one of the sinuses, intact.

43. An enlarged Bursa mucosa.—*Ibid.—Presented by Mr. O'Brien, Assistant Surgeon, 7th Fusileers.*

From a soldier of the 7th Fusileers. The cavity contained a thin purulent fluid.

44. Knee-joint,—showing adhesions between its upper and lower surfaces, a cavity under the Patella, and coagulable lymph deposited on the synovial membrane.—*Ibid.—Presented by Dr. Scott, Surgeon, Rifle Brigade.*

Taken from a female, who, having laboured under severe disease of this joint, recovered its use by appropriate treatment.

45. Knee-joint,—exhibiting the cartilage of the Tibia on one side partially absorbed near its margin, and the synovial

membrane considerably thickened.—*Malta.*—*Presented by Dr. Connell, Assistant Surgeon, Rifle Brigade.*

From a woman, who had for some time laboured under disease of this joint, and consequent lameness.

46. Exhibits deformity of the right great Toe, which is bent outwards under the others, at a right angle with the foot.—*Fort Pitt.*

From a lunatic pensioner, æt. 73.

47. Exhibits extensive Caries of the bones of the Hip-joint.—*York Hospital, Chelsea.*—*Presented by Dr. Alexander, Surgeon to the Forces.*

From Henry Warrington, Royal Waggon Train, æt. 19. Four months previous to admission, his horse fell on him, and injured the right side of his chest, by which the seventh rib was disunited from its sternal cartilage. Afterwards, symptoms of morbus coxarius manifested themselves; when suppuration taking place in the joint, and hectic fever supervening, the case proved fatal. On dissection, the opposing pleural surfaces on the right side adhered to each other; there was much tubercular deposit in both Lungs; and the right hip-joint was in the state pointed out in the preparation, its capsular ligament being partly destroyed by the ulceration.

48. Exhibits general Caries of the bones of the Knee-joint.—*Fort Pitt.*

From John Murray, 47th Regiment, æt. 44, an old Indian soldier, affected with chronic Hepatitis. On his homeward passage he was much exposed to wet and cold, whence this disease, a well-marked case of white swelling, was supposed to originate. After being subjected to treatment for two years, his health gradually declining, and dropsical symptoms threatening, it was judged necessary to amputate the (left) thigh. The stump healed slowly; soon after which general anasarca took place, and he died four months after the operation, and two after the healing of the stump.

49. Exhibits Caries of the malleolar portions of the Tibia and Fibula, from scrofula.—*Ibid.*

From George Suellings, 47th Regiment, æt. 17, a lad of delicate appearance and scrofulous diathesis, who had been upwards of two years under treatment for disease of the right ankle-joint. Inflammation and tu-

meffaction of the part were succeeded by the formation of sinuses connected with the joint, and caries of the bones, accompanied by profuse discharge. Hectic fever being thus induced, the limb was amputated. Twenty days after the operation (the stump being nearly healed,) he began to show signs of cerebral derangement, as deafness, confusion of mind, and delirium; which, in a few days, terminated in coma, and death. On dissection, there were found venous turgescence in the right hemisphere of the brain, deposition of lymph beneath the arachnoid, two ounces of fluid in the lateral ventricles, and part of the fornix in a softened state: several ounces of fluid also escaped from the base of the brain, and spinal canal.

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### DIVISION III.—DISEASED STRUCTURE OF THE SPINE.

1. Cervical Vertebrae,—exhibiting Caries.—*Fort Pitt.—History unattainable.*
2. Two lumbar Vertebrae,—exhibiting Caries, and connected by bony matter.—*Ibid.—History unattainable.*
3. Lumbar Vertebrae in a state of Caries; the bodies of two partially destroyed.—*York Hospital, Chelsea.*  
From Samuel Rae, 2nd Garrison Company, æt. 37, who died of lumbar abscess, which communicated with the Vertebrae constituting the preparation.
4. Caries of the lumbar Vertebrae; the body of one totally destroyed.—*Ibid.—Presented by Mr. Blackadder, Assistant Surgeon to the Forces.*
5. Two lumbar Vertebrae,—exhibiting Anchylosis of their bodies.—*History unattainable.*
6. Portion of Spine,—exhibiting absorption of one or two of the lumbar Vertebrae.—*Presented by Dr. Alexander, Surgeon to the Forces.*

From John M'Gowan, æt. 21, 2nd Regiment, who had been several times in hospital for pain in the loins:

latterly he became paraplegic, and prior to death comatose.

7. Lumbar Vertebrae,—exhibiting ulceration.—*Presented by Mr. Mackesey, 62nd Regiment.*

From a patient, who died of psoas abscess.

8. Portion of Spine,—showing absorption of the bodies of two of the dorsal Vertebrae, with Caries of several of the others.—*Presented by Mr. Stewart, Assistant Surgeon to the Forces.*

From Edward Sylvester, æt. 35, admitted with paralysis of the lower extremities, during the treatment of which a fatal accession of Phthisis pulmonalis supervened.

9. Lumbar Vertebrae,—exhibiting the site of an abscess.

10. Spine,—exhibiting Caries: the spinal cord exposed, and presenting lymph on its surface.—*Fort Pitt.*

From a child six years of age, who died of diarrhœa.

11. Two dorsal Vertebrae,—exhibiting Caries.—*Chatham.*—*Presented by Mr. Robertson, Surgeon, Royal Navy.*

12. Symphysis between the last lumbar Vertebra and Os sacrum,—destroyed by ulceration.—*History unattainable.*

13. Ulceration of the bodies of nearly the whole of the dorsal Vertebrae.—*Presented by Dr. Hodson, Surgeon, 95th Regiment.*

From a patient who died of hectic fever, consequent on puncturing an abscess, which presented externally in the right lumbar region.

14. Anchylosis between the last lumbar Vertebra and Os sacrum.—*History unattainable.*

15. Presents an Exostosis on the sides of the lumbar Vertebrae.—*History unattainable.*

16. Ulceration of the dorsal Vertebrae, with absorption of the intervertebral substance.—*History unattainable.*

17. Dorsal Vertebrae,—eroded and anchylosed.—*Gibraltar.*—*Presented by Mr. Fraser, Inspector General of Hospitals.*

18. Presents Caries, with partial or total absorption, of several of the dorsal Vertebrae.—*Ibid.*—*Presented by the same.*

Caused by the pressure of an aneurism of the Aorta.

In this case, although the spinal cord was exposed, there was no paralysis.

19. Presents ulceration and ankylosis of the dorsal Vertebrae, two of which have been completely absorbed.—*Fort Pitt*.

20. Exhibits deposition of bony matter on the anterior aspect of the lumbar Vertebrae, and Sacrum.—*Ibid*.

From Samuel M'Guire, 85th Regiment, æt. 24, admitted with an ulcer situated in the left groin, which discharged copiously, and fixed pain in the lumbar region, and pelvis. He died of hectic fever.

21. Section of the inferior part of the Spine,—exhibiting interstitial absorption, and change of colour of the bodies of the Vertebrae: the medullary secretion in the cancellous structure of the bone is deficient, and caseous matter deposited in its place.—*Ibid*.

From George Anderson, æt. 24, 25th Regiment, who, some time before his admission, had received a contusion on the loins, to which succeeded a psoas abscess. After having been repeatedly punctured, the opening became permanent, with highly offensive discharge; hectic fever set in, and death ensued.

22. Lumbar Vertebrae,—exhibiting irregular osseous fungus, and interstitial absorption.—*Ibid*.

From the same subject as No. 30. Class II. *Secretion*. Division IV., and Nos. 106 and 108. *Locomotion*. Division I. In the recent state, the bones could be readily cut with a knife, the osseous fungus being filled up with fleshy structure.

23. Cervical Vertebrae,—exhibiting solid Exostosis from the front of their bodies.—*Ibid*.

From the same subject as No. 7. Class II. *Digestion*. Division I.

24. Exhibits Caries of the articular surface of the last lumbar Vertebrae, and consolidation of its body and transverse processes with the Os sacrum.—*Ibid*.

From John Morris, 23rd Regiment, æt. 19, who had been treated for dysentery, soon after which an abscess presented under the right crural arch, and, in a short time, another on the opposite side. He complained of pain in the loins, and about the hip, extending to the knee. The pus evacuated itself by the ulcerative pro-



cess, and he sunk from hectic fever, after one hundred and fifty-seven days' sojourn in hospital.

25. Exhibits Caries of a lumbar Vertebra, with irregular osseous deposit on the anterior surface of its body. The ulcerative process has formed a cavity in the bone, in which several dead portions are contained.—*Ibid.*

From the same subject as the preceding.—On post mortem inspection, an abscess, capable of containing six ounces of matter, was found on the inner side of both the psoæ muscles: small portions of necrosed Sacrum were detected in the right sac; and on the left, the transverse processes and bodies of the lumbar vertebræ were ulcerated. The psoæ muscles themselves were converted into a fibro-cartilage structure.

26. Exhibits nearly total destruction of the two lower dorsal Vertebrae from the pressure of an aneurismal sac.—*Presented by Dr. Lawder, Surgeon, 59th Regiment.—History unattainable.*

27. Dorsal and lumbar Vertebrae in a state of general Caries.—*Madras.—Presented by Dr. Strachan, Inspector General of Hospitals.*

The patient, from whom they were procured, died of lumbar abscess.

#### DIVISION IV.—ACCIDENTS OF BONES AND JOINTS.

1. Os Femoris,—exhibiting oblique fracture below the trochanters.—*History unattainable.*
2. Hand injected,—exhibiting Caries of the metacarpus from compound Fracture.—*Fort Pitt.*

From Alexander Broadhet, 69th Regiment, who met with this accident on the voyage from India. Shortly after his admission, the little finger and its metacarpal bone were removed; but the disease continuing in the wrist and other bones, it was found necessary to amputate the whole hand; after which the patient recovered.

3. Exhibits Fracture of the Tibia and Fibula, immediately above the ankle-joint.—*History unattainable.*
4. Os Humeri,—exhibiting an artificial joint.—*York Hospital, Chelsea.*  
Removed, by amputation, from a soldier, who received a compound fracture of the arm at Waterloo.
5. Rib,—exhibiting an opening made in the operation for Empyema.—*Fort Pitt.*  
From the same subject as No. 32. Class I. *Respiration.* Division III.
6. Os femoris,—exhibiting Fracture of its neck.—*Ibid.*  
From the same subject as No. 10. Class I. *Circulation.* Division II.
7. Section of the dorsal Vertebrae,—exhibiting Dislocation and Fracture.—*Chatham.*—*Presented by Mr. Maynard, Surgeon, Coldstream Guards.*  
From a soldier of the Coldstream Guards, who met with this injury from falling into a deep well. He survived two months, during which time the lower extremities were paralysed.
8. Exhibits Fracture of the neck of the Os femoris.—*Presented by Mr. Richardson, Assistant Surgeon, 18th Regiment.*  
From Francis M'Gan, 18th Regiment, æt. 28, admitted, having, by a fall from a height of twenty feet, injured his spine, and broken his thigh. Nineteen days afterwards he died of tetanus.
9. Exhibits a gun-shot wound of the Trochanter major; the ball imbedded in it.—*History unattainable.*
10. Fracture of the Trochanter major by gun-shot; the ball imbedded in the centre of the bone.—*Waterloo.*—*Presented by Dr. Gibson, Assistant Surgeon to the Forces.*
11. Lower Jaw,—exhibiting deficiency of part of the alveolar process, from gun-shot.—*Presented by Mr. Fiddes, Surgeon, 85th Regiment.*  
From James Ryder, 85th Regiment, who was wounded by a buck-shot, which lodged at the base of the tooth, and produced caries in the remainder: it was extracted twelve months after the accident.
12. Head and neck of the Os femoris,—exhibiting Fracture.—*Presented by Mr. MacDermott, Surgeon, 4th Regiment.*

From Edward M'Donald, 2nd Regiment, who met with this injury from a fall on the right hip. At the end of five months the limb was wasted and useless, and he was in the last stage of dropsy, of which he died.

13. Portion of necrosed Tibia.—*Presented by Mr. Durney.*

From a soldier of the Guards, who received a gunshot wound in the leg, while serving in Belgium. The bone exhibited in the preparation exfoliated, and he partially recovered the use of his limb.

14. Spine,—exhibiting Fracture and Dislocation of the dorsal Vertebrae.—*Fort Pitt.*

From Captain —, 58th Regiment. He received this injury of the spine in the West Indies, by a fall, and died about ten months after the accident.

15. Several very large necrosed portions of Tibia.—*Ibid.*

The result of injury by a cannon-shot. The patient partially recovered the use of the limb.

16. Os Humeri,—necrosed.—*Ibid.*

From Patrick Shea, Royal African Corps, admitted with ulceration and inflammation of the stump of an arm, which had been amputated twelve months before. From the length of time which had elapsed, the fetid nature of the discharge, the spreading of the ulceration above the insertion of the deltoid, and the diseased state of the bone, a second amputation was considered advisable; which having been performed, the patient recovered.

17. Presents Fracture of the Os femoris at the basis of the trochanters.—*History unattainable.*

18. Exhibits union of the Radius and Ulna by osseous matter, after gun-shot injury.

19. Fracture of the neck and middle of the Os femoris; the first exhibiting bony union, the last great deformity from overlapping of the fractured ends.—*Fort Pitt.*

From John Wickstead, 100th Regiment, æt. 31, who died of Phthisis. Four years previously, in America, he had fractured both his thighs by a fall from a horse. This preparation is from the left extremity. (Vide No. 30; also Fasciculus of Drawings from the Museum of the Army Medical Department, Plate VII. fig. 4, and Plate VIII. figs. 1. and 2.)

20. Fracture of the shaft of the Os femoris, with shortening of that bone.—*History unattainable.*
21. Presents Necrosis of the shaft of the Tibia.  
From gun-shot injury.
22. Necrosis of the inferior half of the Os femoris: the sequestrum completely detached from the new bone.  
The result of gun-shot wound.
23. Presents Necrosis of the entire shaft of the Os femoris, which forms a sequestrum totally separated from the new bony case.—*Fort Pitt.*  
From Thomas Hornsby, admitted with gun-shot wound of two years' standing: the ball had lodged, but had been cut out a month afterwards. On admission, there were two openings between the hamstrings. His general health was very bad, and he died after ten weeks' treatment.
24. Longitudinal Fracture of the Os femoris,—presenting the commencement of the process of exfoliation; the line of disjunctive absorption completely established.—*History unattainable.*
25. Necrosis of the Os femoris, with Fracture of that bone below the trochanters.—*Presented by Mr. Fraser, Inspector General of Hospitals.—History unattainable.*  
Taken from a vault, in Spain.
26. Exhibits Fracture of the proximal extremity of the shaft of the Os femoris.—*History unattainable.*
27. Os femoris,—exhibiting oblique Fracture, in which there has been an attempt at a preternatural articulation: an abundant deposition of bony matter has taken place round the fractured extremities.—*History unattainable.*
28. Necrosis of the amputated extremity of the Os femoris; new bony matter effused; and the line of disjunctive absorption completely established.—*Gibraltar.—Presented by Mr. Fraser, Inspector General of Hospitals.*  
The patient lived one hundred and ten days after the operation, and died of hectic fever and diarrhœa. The surface on which the saw acted was found as smooth as when first divided.
29. Os femoris,—showing the condition of its amputated extremity some time after the operation.—*Fort Pitt.—History unattainable.*

30. Amputated extremity of the Os femoris,—presenting a fungiform deposition of new osseous matter.—*Fort Pitt*.  
 Four years elapsed between the operation and the death of the individual. (Vide No. 19; also Fasciculus of Drawings from the Museum of the Army Medical Department, Plate VIII. fig. 3.)
31. Presents some deposition of new bone at the amputated extremity of the Os femoris.—*History unattainable*.
32. Os humeri,—showing the condition of the divided extremity after amputation.—*History unattainable*.
33. Os humeri,—exhibiting Fracture of its neck, and an attempt at preternatural articulation.—*Gibraltar*.—*Presented by Mr. Fraser, Inspector General of Hospitals*.—*History unattainable*.
34. Skull,—exhibiting Fracture of the Os occipitis and petrosal bones: the atlas anchylosed to the occiput.—*Presented by the same*.  
 The result of a fall.
35. Skull,—exhibiting Fracture, extending from the posterior and inferior angle of the parietal bone to the basis cranii.  
 From William Hogarthy, 85th Regiment, æt. 29, who, when intoxicated, fell from his comrade's back, with his head on the pavement. He lived eight hours after the accident. On examination, a bloody coagulum, about the size of a hen's egg, was found in the internal temporal fossa.
36. Cranium,—exhibiting transverse Fracture of the temporal bone, extending to the roof of the right orbit.—*History unattainable*.
37. Cranium,—exhibiting Fracture, which extends across its vertex.—*Fort Pitt*.—*History unattainable*.
38. Skull,—exhibiting separation of the lambdoidal suture, and Fracture of the temporal and sphenoid bones.—*Brighton*.—*Presented by Mr. Colclough, Surgeon to the Forces*.

From William Bingham, 9th Lancers, a heavy, corpulent, young man, who in springing on to his unsaddled horse, overbalanced himself, and fell over to the ground on the off side, on the crown of his head. He was taken up in a state of insensibility, with blood flowing from

his right ear, which continued for several hours, bringing away with it portions of Brain. He died on the fourth day after the accident; when it was discovered that rupture of the right lateral sinus had taken place.

39. Skull-cap,—exhibiting separation of the coronal and sagittal sutures, with Fracture of the right parietal bone.—*Presented by Mr. Campbell, Assistant Surgeon, 17th Lancers.*

From Private Kinnoch, of that Corps, who was thrown from his horse at full speed. He, however, rose, and endeavoured to remount. He died a few hours after. On inspection, an immense quantity of grumous blood was found effused into his Brain.

40. Skull,—exhibiting Fracture of the right parietal and temporal bones.—*Malta.—Presented by Dr. Calvert, Assistant Inspector of Hospitals.—History unattainable.*

41. Skull-cap,—presenting Fracture of the internal table of the frontal bone, with depression.—*Fort Pitt.*

From a soldier, who, several years before his death, while serving in Spain, was wounded in the head.

42. Skull-cap,—exhibiting a depression of the surface of the right parietal bone.—*Ibid.*

Said to be the result of fracture from gun-shot wound.

43. Section of Cranium,—showing Fracture of the frontal bone, with depression.—*Presented by Mr. Kenny, Surgeon, 12th Royal Lancers.*

From William Atkins, æt. 23, a robust, temperate, young man, who received a blow on the forehead from a quoit, whereby a wound was made in the scalp, through which the depressed bone could be readily discerned. He was stunned at the moment, but recovered, and walked to the hospital. He refused to submit to any operation; and recovered without untoward symptoms. About three months after, he was attacked with epilepsy, which often recurred, until his death, which took place after a paroxysm succeeded by coma. On inspection of the parts, it was found that the dura mater beneath the fracture was thickened, and adhered firmly to the bone.

44. Skull-cap,—exhibiting Fracture, which extends across the parietal bones.—*History unattainable.*

45. Exhibits Fracture of the Os pubis, and posterior angle of the ala Ilii.—*History unattainable.*

46. Section of Cranium,—showing circular Fracture.

From a soldier, who received a gun-shot wound in the head at Waterloo. The ball penetrated the skull at the opening seen in the preparation, and lodged in the Brain. He, however, became convalescent; but, fifteen weeks after the infliction of the wound, was attacked with apoplexy, and died. On dissection, the ball, having shifted from its original position, was found loose in the lateral ventricle.

47. Section of Pelvis,—exhibiting Fracture, which extends through the superior and inferior parietes of the foramen thyroideum.—*Presented by Dr. Jones, Surgeon, 1st Dragoon Guards.*

Occasioned by the passing of the wheel of a stage-coach over the pelvis. The patient survived the injury twelve hours.

48. Portion of Scapula, separated from the body of the bone by Fracture of its neck, and exhibiting a stellated Fracture of its glenoid cavity.—*History unknown.*

49. Os humeri,—showing Fracture of its shaft, from gun-shot, firmly united.—*India.—Presented by Dr. Brown, Surgeon, 87th Regiment.*

From Patrick Weldon, 87th Regiment, who received a fracture of the arm, from gun-shot in the Burmese war. The ball entered between the outer edge of the biceps and insertion of the deltoid, passed through the Os humeri and triceps, and made its exit on the inner side of the arm. The power of the limb was never restored. He subsequently died of apoplexy. When the arm was examined after death, the external cutaneous nerve was found to have been wounded, and, at the injured part, was converted into a fibro-cartilaginous substance.

50. Cranium,—with Fracture of the left parietal bone and Os frontis, extending through the roof and floor of the orbit.—*Ireland.—Presented by Dr. Bell, Assistant Surgeon, 94th Regiment.*

From a man who was thrown from his horse against a stone wall, and died four days after the accident. On dissection, it was found that the middle artery of the dura mater was ruptured, and a bloody coagulum formed between that membrane and the bone; that an abscess

existed in the substance of the brain; and that the fractured portions of bone were not displaced.

51. Exhibits extensive Fracture of the distal end of the Radius, extending into the articulation between that bone and the Ulna.—*Fort Pitt.*—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

From William Spencer, 84th Regiment, æt. 41, who, being inebriated, fell into the trench of the Fort, from a high building. Exclusive of this fracture, he had received the following injuries: fracture of the Sternum, Os femoris, and bones of the ankle-joint; luxation of the left elbow, and rupture of the Liver. He was taken up moribund, and died in an hour.

52. Elbow-joint,—exhibiting Dislocation of the Radius and Ulna, behind the condyles of the Os humeri.—*Ibid.*—*Presented by the same.*

From the same subject as the preceding. The arm was in a state of semiflexion, and the hand supine; the olecranon projected in a marked manner behind, and the condyles of the Os humeri formed a large tumour in front. The anterior portion of the capsular ligament of the joint was extensively lacerated; both lateral ligaments were also severed; but the coronary ligament remained entire, as is seen in the preparation. The brachialis anticus was much lacerated and stretched, but the biceps was uninjured. (Vide London Medical Gazette, vol. iii. p. 733.)

53. Calvarium,—presenting Fracture of the right parietal bone, and separation of the coronal suture on the left side.—*Malta.*—*Presented by Dr. White, Assistant Surgeon to the Forces.*

From the same subject as No. 33. *Sensation.* Division I.

54. Fracture of the carpal extremity of the Radius; the distal portion much displaced.—*Malta.*—*Presented by Mr. Lightbody, Surgeon, 80th Regiment.*

From a soldier of that Corps.

55. Presents a comminuted Fracture of the carpal end of the Radius.—*Fort Pitt.*—*History unattainable.*

56. Exhibits Necrosis of the middle end of the Os femoris.—*History unattainable.*

57. Cranium,—exhibiting a Fracture of the bones connected with its base by the passage of a musket-ball, which en-



tered at the lower part of the right orbit.—*Gibraltar*.—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

The wound was received while smuggling contraband goods, and the patient survived for ten days, when hæmorrhage took place, and he died in as many minutes. On examination, the internal carotid artery was found ruptured, with the ball lying near the opening: the middle lobe of the left hemisphere of the brain also exhibited signs of suppuration, and spiculæ of bone were found entangled in its substance.

58. Os humeri of a fowl,—presenting a Fracture united at right angles with its shaft.—*Presented by Dr. Clark, Assistant Inspector of Hospitals.*

59. Two Ribs,—exhibiting Fractures united by callus, which in one of them yielded during maceration.—*Fort Pitt.*

From John Lorimer, 4th Light Dragoons, who died imbecile and paralytic. Nothing is known of the history of these fractures.

60. A dried Hand,—exhibiting a gun-shot wound through the carpus.—*Madras*.—*Presented by Dr. Henderson, Surgeon, 48th Regiment.*

Amputation of the hand was performed in consequence of the injury.

61. Presents an ununited Fracture of the sterno-cartilaginous extremity of the seventh Rib.—*York Hospital, Chelsea*.—*Presented by Dr. Alexander, Surgeon to the Forces.*

From the same subject as No. 47. Division II.

62. Skull-cap,—exhibiting a perforation made in the frontal bone by a pistol-ball; also Fracture of the occipital bone, with the ball lodged in its substance.—*Cape of Good Hope*.—*Presented by Mr. Tighe, Assistant Surgeon, 75th Regiment.*

From an Officer, who was killed in a duel.

63. Skull-cap,—exhibiting Fracture, and loss of a portion of the occipital bone.—*Ibid.*—*Presented by the same.*

From a suicide.

64. Portion of the seventh Rib, from the left side,—exhibiting transverse Fracture, not united.—*Fort Pitt.*

From Patrick M'Mahon, 49th Regiment, a maniac, who had been confined in the Military Lunatic Asylum for five years and a half. No account of the cause of this injury exists.

65. Exhibits deformity and shortening of the right Os femoris, from oblique Fracture.—*Ibid.*

From Joseph Cook, Newfoundland Veteran Company, æt. 43, who died of erysipelas. The injury had taken place five years before his death.

66. Calvarium,—presenting a small Fracture, with depression of the left parietal bone, both the external and internal tables being driven in.—*Canterbury.*—*Presented by Dr. Blake, Surgeon, 7th Dragoon Guards.*

67. Clavicle,—exhibiting deformity from an ancient Fracture.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*

From the same subject as No. 143. Division I. No account of the accident has been recorded.

68. Gun-shot wound of the right Knee-joint,—the ball having lodged between the condyles of the Os femoris.—*Presented by Mr. Barlow, Surgeon, 3rd Light Dragoons.*

The subject of this accident was Matthew Walsh, 3rd Light Dragoons. It happened while the leg was in a state of flexion, from the accidental discharge of his comrade's carbine. The limb was amputated twenty-four hours afterwards, and the man arrived at Fort Pitt quite well, three months after the accident.

69. Exhibits Fracture of the distal extremities of the Tibia and Fibula.—*Malta.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

A compound luxation accompanied the fracture of the bones. The injury was occasioned by a fall from a height of about thirty feet, and the lesion of parts was so great that amputation was considered necessary.

## DIVISION V.—DISEASED STRUCTURE OF MUSCLE.

1. Portion of Psoas muscle,—exhibiting fibro-cartilaginous induration.—*Fort Pitt.*

From Robert Shannon, 26th Regiment, æt. 21, who died from exhaustion induced by lumbar abscesses, and a psoas imposthume of the right side, in the pus of which the muscle seen in the preparation was situated.

2. Melanotic deposition in muscle.—*Presented by the Royal College of Surgeons, Edinburgh.*

From a white horse. The disease was observed in various parts of the body, particularly in the left lumbar region, close to the aorta, and descending into the pelvis, where the masses of melanotic matter were as large as a child's head. (Vide Edinburgh Medico-chirurgical Transactions, vol. i. p. 264.)

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#### Class IV.—GENERATIVE FUNCTIONS.

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#### DIVISION I.—DISEASED STRUCTURE OF THE MALE ORGANS OF GENERATION.

1. Testicle,—exhibiting Sarcocoele, with partial suppuration.—*Presented by Mr. Farnden, Assistant Surgeon, 8th Hussars.*

Taken from William Brophy, 8th Hussars, who injured his testicle in riding, after which he had frequent attacks of inflammation in the gland, which ended in disorganization, and rendered its extirpation necessary.

2. Presents fungous disease of the Testicles of great extent.—*Fort Pitt.*

From the same subject as No. 14. Class II. *Excretion.* Division I.

3. Testicle,—enlarged and scirrhus.—*Presented by Dr. Williams, Surgeon to the Forces.—History unattainable.*

4. Scirrhus of the Testicle, with thickened tunics.—*Fort Pitt.*

The patient, from whom it was removed, died of Phthisis pulmonalis.

5. Body of the Testicle,—degenerated into a scirrhus mass.—*Ibid.—History unattainable.*

6. Well-defined scirrhus Testicle, of large size.—*Fort Pitt*.  
From a soldier, who had been affected with secondary syphilis, for the cure of which he had used much mercury.

7. Tunica vaginalis, which formed the sac of a congenital Hernia.—*Ibid.*—*History unattainable*.

8. Testicle,—exhibiting a fungoid growth from the tunica albuginea, with absorption of the substance of the gland.—*Ibid.*

From John Lawrence, æt. 29, 46th Regiment, who had lost half the penis, when in India, by a sloughing ulcer, as well as one of the testes, by suppuration. On his passage home the other testicle became diseased, and was, consequently, removed, on arrival at the General Hospital.

9. Presents a similar excrescence, with deficiency of the body of the gland.—*Ibid.*

From Samuel M'Dormal, admitted, on arrival from India, with sinuses, discharging pus, in the scrotum: both testes were enlarged and indurated, and the right very painful. He reported the disease to have commenced eighteen months before his arrival. The testicles having diminished in size, the sinuses were dilated, when a quantity of curdy matter escaped, and the excrescence appeared five days afterwards. Frequent hæmorrhage now taking place from the parts, the diseased gland was removed.

10. Presents the sac of a Hydrocele of the Tunica vaginalis testis.—*Ibid.*

The patient attributed this affection to a blow received a month previously.

11. Scirrhus of the Testicle.—*Ibid.*—*History unattainable*.

12. Exhibits the left Testicle forming adhesions in the groin; the right scirrhus, with Hydrocele.—*Ibid.*

From the same subject as No. 1. Class I. *Respiration*. Division III.

13. Section of Pelvis,—exhibiting a double Hydrocele.—*York Hospital, Chelsea.*—*History unattainable*.

14. Warts,—removed from the Penis.—*Fort Pitt*.

These verrucae, which were taken away by operation

from the prepucce of Michael Burns, 55th Regiment, were of two years' growth. (Vide Drawing, No. 44.)

15. Penis, Scrotum, and section of the Bladder,—exhibiting the testes diminished in size, and the vesiculæ seminales enlarged, and distended with fluid.—*Ibid.*

From the same subject as No. 1. Class II. *Secretion*. Division IV.

16. Exhibits loss of the integuments of the Penis and Scrotum from gangrene; two sinuses leading from the root of the Penis to the verge of the anus.—*Ibid.*

From John Minahan, æt. 21, 63rd Regiment, admitted with fever and difficult respiration, the consequence of taking cold. These symptoms soon subsided, and he was becoming rapidly convalescent, although much debilitated, when incipient gangrene was observed in the integuments of the penis and scrotum. By the aid of remedies the sloughs separated; but great debility, low delirium, and pectoral oppression continuing in an aggravated form, he quickly sunk, and died. On dissection, the left Lung was found to have contracted recent adhesions to the chest; its upper lobe exhibited marks of the different stages of inflammation; and in the lower lobe was discovered a gangrenous patch, about an inch in diameter.

17. Presents soft Sarcocoele of the Testis.—*Ibid.*—*History unattainable.*
18. Exhibits thickening of the Tunica vaginalis testis, and obliteration of the sac.—*Ibid.*—*History unattainable.*
19. Hydrocele, with thickening of the Tunica vaginalis.—*Ibid.*—*History unattainable.*
20. Fungous growth from the Tunica albuginea testis,—the substance of the gland nearly absorbed: the white line visible is the cut edge of the Tunica albuginea:—some induration of the integuments of the other testicle.—*Portugal.*—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*

From Thomas Heyburn, 11th Regiment, who, three months previous to his death, received a blow on the testicle, which injury was succeeded by acute inflammation, and subsequently terminated in the fungoid growth forming the subject of the preparation. After death, the thoracic and abdominal viscera were discovered to be much diseased.

21. Testicle,—exhibiting adhesion of the sac of the Tunica vaginalis, and thickening of the Tunica albuginea.—*London.—Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

From a young subject, who died of compound fracture of the leg. The operation for the radical cure of hydrocele by injection was the cause of the obliteration of the sac of the vaginal tunic.

22. Testicle,—exhibiting Hydrocele of the vaginal tunic, thickening of its parietes, and effusion of lymph into the cavity of the sac: a small puncture is also seen passing through the inferior part of the Tunica albuginea into the pulpy substance of the gland, made by the point of a trochar.—*Fort Pitt.*

From Robert Everson, 43rd Regiment, æt. 35, admitted with hydrocele of both vaginal tunics. In the attempt at a radical cure by injection, part of the injected fluid having accidentally been infused into the cellular tissue of the scrotum, the irritation, acting on a bad constitution, produced inflammation, sloughing, and a low fever, of which the patient died.

23. Testicle,—showing Hydrocele of the Tunica vaginalis.—*Ibid.*

From the same subject as the preceding.

24. Testicle,—exhibiting miliary tubercles in its pulpy substance, and crude tubercular matter in the epididymis.—*Ibid.*

From Corporal George Anderson, 25th Regiment, æt. 24, who was admitted with diseased hip: a psoas abscess subsequently presented, and having been repeatedly punctured, a permanent opening took place, the consequence of which was profuse discharge, hectic fever, and exhaustion. After death, the Lungs were found to be tuberculated and ulcerated; the cyst of the abscess was of very large size, and the hip-joint was healthy. He had never complained of any affection of the testis.

25. Exhibits fine injection of a Tunica vaginalis testis, affected with Hydrocele.—*Ibid.—Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

The sac, in this case, contained at least four ounces of fluid. The patient had never undergone any treatment for the complaint.

26. Hydrocele of the Tunica vaginalis testis, with separation of the epididymis from the body of the gland.—*Ibid.*  
—*History unattainable.*

27. Exhibits extensive Carcinoma of the right Testis, involving the Scrotum: the left testicle, which appears at the posterior and inferior part of the preparation, is also much indurated.—*Ibid.*

From the same subject as Nos. 64 and 65. Class I. *Respiration*. Division III. (Vide Drawings, Nos. 45 and 46.)

28. Exhibits considerable enlargement of the left Testis, which is converted into a scrofulous mass, of cheesy consistence, with an external ulcerated opening.—*Ibid.*

From the same subject as No. 140. *Locomotion*. Division I.

29. Exhibits Hydrocele, with thickening of the right Tunica vaginalis.—*Ibid.*

From Andrew M'Alister, æt. 73, an in-pensioner of Chelsea Hospital, and, for a short time, a patient in the Military Lunatic Asylum. He died of a bowel complaint.

30. Scrofulous Testicle,—with adherent cicatrix of ancient ulceration.—*Ibid.*

From John Bradley, æt. 27, 2nd Regiment, who was admitted into hospital (in India) with a painful enlargement of the left testicle: several ulcers formed in the scrotum, which, after continuing open for nearly two years, finally healed.

31. Scrofulous Testicle, with a fungus rising from its body.—*Ibid.*

From Walter Cairns, 94th Regiment, æt. 26, whose complaint arose from an injury received three years before. On admission, he had induration and enlargement of the right testicle, with a fungous excrescence growing from its body, about five inches in circumference, partly granulating, and partly sloughing, with profuse sanious and offensive discharge. Portions of the fungus occasionally healed over, but always ulcerated again. The case being deemed incurable, the whole mass was extirpated.

32. Partial ossification of the Tunica albuginea testis.—*Malta.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

From a Maltese, æt. 98, who died of Peritonitis, and in whom most of the arteries were found ossified. (Vide No. 113. Class II. *Digestion*. Division III.)

33. Exhibits the sac of a Hydrocele, and the relation of the testicle to it.—*Malta*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals*.—*History unattainable*.
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## DIVISION II.—DISEASED STRUCTURE OF THE FEMALE ORGANS OF GENERATION.

1. Uterus and Ovaries,—exhibiting enlargement; the latter containing hydatids and tubercles.—*Fort Pitt*.—*History unattainable*.
2. Uterus,—exhibiting a fungus from the Os tincae.—*Presented by Dr. Davy, Assistant Inspector of Hospitals*.—*History unattainable*.
3. Coagulum expelled by the Uterus, after suppressed menstruation.—*Chatham*.

From a girl, æt. 16, who had not menstruated for four months previously. Being pressed rudely by a man round the waist, uterine hæmorrhage ensued, from the effects of which, however, she perfectly recovered.

4. Elephantiasis of the Labia pudendi,—the mass weighing forty pounds.—*Barbadoes*.—*Presented by Dr. Dease, Surgeon to the Forces*.

This diseased mass was successfully excised by Dr. Birrel, Assistant Surgeon to the Forces, from a Negress, who stated that, eleven years previous to the operation, she had been affected with gonorrhœa and chancres, for which she was severely salivated. The discharge continued for some time from the vagina, and, on its cessation, the morbid action, which led to the tubercular growth, commenced. During the progress of the disease, her health was generally good, except that she was subject to slight febrile attacks every six weeks; and during the last two years, ulceration of the tumour, attended with superficial hæmorrhage, occurred several times, producing great debility. On the twelfth day after the operation, she walked out of the hospital. (Vide



Drawings, Nos. 49. 50. 51. and 52; also Edinburgh Medical and Surgical Journal, vol. xxiii. p. 257.)

5. Malignant ulceration of the neck of the Uterus and Vagina, extending into the Rectum.—*Gibraltar.*—*Presented by Mr. Fraser, Inspector General of Hospitals.*

This patient died of hectic fever.

6. Uterus,—exhibiting several Tumours of a scirrhus nature: a section made of one of the Ovaries, which is little altered in structure.—*London.*—*Presented by Mr. Baynton, Curator of the Museum of St. Bartholomew's Hospital.*

Removed from the body of a woman, about fifty years of age.

7. Ovarium,—presenting tough fibro-cartilaginous cysts, which contained scrofulous matter.—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

Taken from a middle-aged woman, who died of Ascites. The Intestines were, afterwards, found matted together by abundant effusion of lymph; and the peritoneum was tubercular.

8. Ovarium,—partly converted into fleshy substance, and exhibiting a well-defined scrofulous cyst.—*Presented by the same.*—*History unattainable.*

9. Ovarium,—exhibiting a dropsical cyst, and also one containing pus.—*Presented by the same.*

The lower cyst contained about three ounces of limpid fluid. The upper one was filled with flaky pus. Taken from a subject of middle age.

10. Ovarium,—with a small cyst attached to it.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*

Taken from a woman, who died after parturition.

11. Exhibits dropsical cysts of both Ovaria.—*Edinburgh.*—*Presented by Professor Lizars.*—*History unattainable.*

The cyst on the right side contained a brownish fluid, in which floated smaller cysts.

12. Ovarium,—exhibiting a dropsical cyst.—*Chatham.*—*Presented by Mr. Fagg, Assistant Surgeon to the Forces.*

13. Presents a large collection of cysts of various sizes, connected with the Ovaries.—*Cape of Good Hope.*—*Presented by Dr. Murray, Deputy Inspector General of Hospitals.*

Taken from a female, æt. 23, who, when the disease had existed about three years, was tapped five or six times. After death, a large sac was found, extending from the pelvis in various directions; on cutting into which, much yellow, gelatinous, fluid escaped, and the cysts came into view. The Uterus and Ovaries adhered firmly to the diseased mass, but did not appear to be involved in it.

14. Uterus and Ovaries:—one of the Fallopian tubes obstructed; the other pervious, with a small cyst attached to its extremity.—*Malta.*—*Presented by Dr. Connell, Assistant Surgeon, Rifle Brigade.*

Taken from a young married female, who never had children.

15. Exhibits Scirrhus of the Uterus.—*Ireland.*—*Presented by Mr. Cavet, Assistant Surgeon, 97th Regiment.*—*History unattainable.*

16. Uterus,—with enlargement of the left Ovarium.—*Malta.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*

The individual from whom this preparation was taken, a Maltese, æt. 32, died of dropsy. When an incision was first made into the ovary, some cavities were found in it containing a viscid fluid.

17. Right Ovarium enlarged, and containing many cavities.—*Ibid.*—*Presented by the same.*

Taken from the same subject as the preceding. The cavities were originally filled with a viscid fluid.

### Class V.—MALFORMATIONS.

1. Acephalous Fœtus.—*History unattainable.*
2. A Horse-shoe Kidney.—*Presented by Dr. Boucher, Surgeon, 36th Regiment.*  
From a patient, who died of diarrhœa.

3. The same,—with thickening and indentations of its capsule.—*Fort Pitt.*—*History unattainable.*
4. The same,—with three Ureters, each terminating in the Bladder.—*Ibid.*—*History unattainable.*
5. Lobulated Kidney,—situated in the Pelvis.—*Ibid.*
6. Congenital Malformation of the generative organs in the male: the frænum preputii deficient, and the scrotum bifid.—*Presented by Dr. Kinnis, Assistant Surgeon to the Forces.*  
Taken from a child a month old.
7. Cyst,—filled with medullary matter, and communicating with the Cranium of a Fœtus.—*Mauritius.*—*History unattainable.*
8. Acephalous Fœtus.—*History unattainable.*
9. Penis,—showing the Urethra opening at the frænum, and a false orifice at the glans.
10. Pelvis of a Fœtus,—exhibiting an imperforate Anus.  
Death took place a few hours after birth.
11. Fœtus,—exhibiting deficiency of the abdominal parietes.—*Gibraltar.*—*Presented by Mr. Fraser, Assistant Surgeon to the Forces.*  
This child lived two hours after birth.
12. A Pig with two faces.—*Jamaica.*—*Presented by Mr. Lamont, Surgeon, 91st Regiment.*
13. Fœtus,—exhibiting the following lusus: the inferior extremities growing from the back; the placenta forming the base of the abdomen; the Larynx and Œsophagus descending on the left side of the spine, which is very much distorted to the right; the Heart, below the Sternum, covered with a thin membrane; a similar membrane forming the parietes of the abdomen.—*Malta.*—*Presented by Mr. Lightbody, Surgeon, 80th Regiment.*
14. Fœtus,—exhibiting Malformation of the Heart: the Aorta arising from the right ventricle, which communicates with the left, immediately below the origin of that vessel.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*  
The Fœtus was of about six months' growth.
15. Kitten with two Heads.—*Malta.*—*Presented by Major Groves, 80th Regiment.*

16. Plover,—one of the inferior extremities deficient.
  17. Chicken,—with one head, and two bodies.
  18. Kitten,—having one head, and two bodies united above the umbilicus, but distinct below that point.
  19. The Stomach, and part of the Duodenum of a Child; the former without pylorus, the latter deficient at its upper portion, and connected with the stomach by cellular tissue only.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*  
Taken from a child, who lived five days after birth.
  20. Lamb,—having one head, with two bodies united at the Sternum, and eight legs.—*Ionian Islands.*—*Presented by Dr. Erly, Inspector General of Hospitals.*
  21. The Hand of an infant with six Fingers: the thumb wanting.—*Malta.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*  
The subject from which this preparation was obtained was aged nine months. The corresponding extremity was in a similar condition.
  22. The Foot of an infant with six Toes.—*Ibid.*—*Presented by the same.*  
From the same subject as the preceding. The corresponding foot exhibited a similar phenomenon.
  23. A Duckling with double Head and Neck.—*Dublin.*—*Presented by Mr. Farnden, Surgeon of the Royal Military Asylum.*
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## Class VI.—MISCELLANEOUS.



1. Section of a sarcomatous Tumour.—*Fort Pitt.*  
Removed from the arm.
2. Section of medullary Sarcoma of the Mamma.—*Presented by the Royal College of Surgeons, Edinburgh.*

3. Scirrhus female Breast.—*North America.*—*History unattainable.*
4. Fungoid Tumour from the Elbow.—*London.*—*Presented by Mr. T. Berry, Surgeon to the Forces.*  
 From William Douby, 49 years of age, who, having fallen from his cart, and bruised his right arm, shortly after perceived a small tumour on his elbow, which was removed, and the wound united by the first intention. Four or five years afterwards, a fungoid tumour began to form on the same part, which, being extirpated, was found to weigh sixteen ounces. (Vide Drawing, No. 65.)
5. A Tumour of cartilaginous structure.—*Fort Pitt.*  
 Removed from a man's hip.
6. Scirrhus Mamma.—*London.*—*Presented by Mr. T. Berry, Surgeon to the Forces.*  
 Removed from an unmarried lady, æt. 44, who assigned a blow, received seven months previously, as the cause of its formation.
7. Large encysted Tumour in the neck of a Fowl.—*Fort Pitt.*  
 The bird was much emaciated.
8. Tumour of cartilaginous structure.—*Mediterranean.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*  
 Removed from the thigh of a soldier of the 51st Regiment.
9. Section of a Cancerous Mamma.—*Presented by the Royal College of Surgeons, Edinburgh.*  
 From a middle-aged woman, whose breast, while nursing, acquired a very considerable size from Fungus hæmatodes, which was removed: but a tumour again formed nearly as large as the former; and she died six months after the removal of the first.
10. Tumour of cartilaginous structure.—*Fort Pitt.*  
 Removed from a man's hip.
11. Fungus hæmatodes of the Leg,—injected.—*Chatham.*—*Presented by Dr. Bushe, Assistant Surgeon to the Forces.*  
 Removed by the donor, from a man æt. 56, the limb being amputated above the knee. Six months previously, he had received a contusion on the Tibia; ulceration took place, and to it succeeded a fungus, which

was growing rapidly, and bleeding profusely. The stump healed in three weeks, and no return of the disease had taken place nine months after the operation.

12. Presents Fungus hæmatodes, injected.—*Fort Pitt.*

From Henry Chapman, 21st Dragoons, admitted on his arrival from the Cape of Good Hope, where he had served eleven years, and enjoyed good health, until he received a blow on the left side, when the tumour in question made its appearance, and increased so rapidly, that the patient died about eight months after its first appearance. (Vide Drawing, No. 74.)

13. Exhibits an adipose Tumour.—*Chatham.—Presented by Mr. Robertson, Surgeon, Royal Navy.*

Removed from the foot of a convict in the Dock-yard.

14. Scirrhus Breast.—*Presented by Dr. Hosack, Surgeon to the Forces.*

From Captain D., who was slightly wounded in the breast by a musket-ball, while serving in Spain. Some time after the wound had healed, this tumour appeared, and was extirpated with favourable result.

15. Section of a Coagulum found between the peritoneum, and abdominal muscles.—*London.—Presented by Mr. Howship.*

The Tumour formed by the coagulum occurred in a man on whom the operation of paracentesis abdominis had taken place between the crista ilii and umbilicus.

16. Scirrhus Breast.—*London.—Presented by Mr. T. Berry, Surgeon to the Forces.*

Removed from a woman, 45 years of age.

17. Capsule of an encysted Tumour.—*History unattainable.*

18. Sarcomatous Tumour.—*History unattainable.*

19. Caseous matter, deposited between the peritoneum, and abdominal muscles.—*Gibraltar.—Presented by Mr. Fraser, Assistant Surgeon to the Forces.*

From a sailor boy, who died of marasmal wasting.

20. Another specimen of similar disease.—*Ibid.—Presented by the same.*

From the same subject as the preceding.

21. Carcinomatous female Breast.—*Gibraltar.—Presented by Mr. Fraser, Assistant Surgeon to the Forces.—History unattainable.*

22. Fungus hæmatodes of the Leg, with diseased Tibia,—injected.—*Fort Pitt*.

From Edward Gardner, æt. 37, 83rd Regiment. The disease commenced in Ceylon, ten months previous to admission, in the form of a tumour of a purple colour, succeeded by ulceration. A pale fungus then sprouted up, which, at the period of his reception into the General Hospital, having assumed a dark purple colour, and constantly bleeding, amputation was deemed expedient, and was, accordingly, performed with apparent success.

23. Section of the preceding.—*Ibid*.

24. Bones,—evacuated from the Stomach, Vagina, and Uterus of a girl.—*Malta*.—*Presented by Dr. Calvert, Deputy Inspector General*.

From a healthy girl, æt. 19, who was suddenly attacked with violent inflammatory fever, and pulmonic disease. These symptoms were reduced by antiphlogistic measures, when meteorism, retention of urine, and heat of the whole body supervened; as well as very violent hysteria, and paralysis of the lower extremities. These maladies continued, more or less, for eighteen months. At length, the portions of bone exhibited in the preparation were evacuated, and the patient perfectly recovered.

25. Exhibits the Mamma in the male unusually developed, but without any apparent morbid alteration of structure.—*Malta*.—*Presented by Mr. O'Brien, Assistant Surgeon, 7th Fusileers*.

Taken from a soldier of the 7th Fusileers, who died of Phthisis pulmonalis.

26. Section of a Foot,—exhibiting deposition of melanotic matter under the integuments.—*Mauritius*.

From a black slave, æt. 29. The affection first appeared in the sole of the foot. The leg was amputated. The inguinal glands were similarly diseased, and had proceeded to ulceration. Many similar deposits existed beneath the integuments of the leg and thigh, as also in the Heart, Lungs, and Liver.

27. The corresponding section of the same Foot.—*Ibid*.

28. Tubercular Melanosis under the integuments of the Leg.—*Ibid*.

From the same subject as the preceding.

29. Section of the muscular substance of the Leg,—presenting well-defined effusions of blood beneath the integuments. *Fort Pitt.*

From Michael Fox, æt. 41, 6th Regiment, admitted, on arrival from India, moribund of Scorbutus. He died in a fit of dyspnœa. After death, the Lungs were found to be remarkably engorged, and œdematous; and the mucous tunic of the bronchiæ inflamed. The integuments of the legs were marked with yellow patches, and blue circular blotches.

30. Presents a similar effusion beneath the integuments, and in the intermuscular spaces.—*Ibid.*

From the same subject as the preceding.

31. Coagulum expelled from the Stomach.—*Canterbury.*—*Presented by Mr. Jenmett, Assistant Surgeon, 12th Lancers.*

From a sick soldier of the 12th Lancers, who vomited this substance after eating a breakfast of bread and milk. Violent symptoms of gastric and enteritic inflammation succeeded, from which the patient eventually recovered.

32. Fungus hæmatodes, springing from the under surface of the great toe of the right Foot.—*Canterbury.*

From the same subject as No. 119. Class III. *Locomotion.* Division I.

33. Tumour,—consisting of a sac containing hair.—*Jamaica.*—*Presented by Mr. Draper, Deputy Inspector General of Hospitals.*

Excised from the neck of a horse.

34. Cyst of a Tumour from the scalp, with its bed.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*

The matter forming the tumour was of a soft and albuminous nature.

35. Exhibits the buffed coat of Blood taken from a patient labouring under continued fever.—*Ibid.*—*Presented by the same.*

36. Coins,—removed from the thigh of an Officer.—*Presented by Sir James M'Grigor, Bart. M.D. F.R.S. Director General of the Army Medical Department.*

(Vide Hennen's Principles of Military Surgery, p. 82.)

37. Tumour,—in a state of ulceration, formed chiefly of cells



filled with coagulated blood.—*Jamaica*.—*Presented by Mr. Draper, Inspector General of Hospitals.*

Removed from a black soldier of the 2nd West India Regiment.

38. Presents a small Tumour on the upper mandible of a Bird.
39. Exhibits a mass of enlarged lumbar glands.—*Malta*.—*Presented by Mr. Martin, Surgeon, 73rd Regiment.*  
In this case the mesenteric glands were also much enlarged, and there were tubercles in the Omentum.
40. Exhibits anormal union between the Ligamentum teres and the head of the Os femoris.—*Ibid.*—*Presented by Dr. Connel, Assistant Surgeon, Rifle Brigade.—History unattainable.*
41. Small Tumour from the shoulder, its structure analogous to that of the integuments.—*Ibid.*—*Presented by Mr. Fiddes, Surgeon, 85th Regiment.*
42. One hundred and eighty-one Pebbles, and two pieces of Lint, which had been swallowed, and passed per anum.—*Fort Pitt.*  
Swallowed with a suicidal object, by an insane patient in the Military Lunatic Asylum, and passed at stool, without prejudice to his health.
43. A fatty Tumour.—*Malta*.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*  
Removed from the thigh of a man, who died of fever.

## PAINTINGS.

1. Exhibits an impervious state of the Pulmonary artery, with four vicarious pulmonary branches, one of them aneurismal.—*History unattainable.—Painted, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals.*
2. Ulceration of the Stomach, Intestine, and Lung.—*Fort Pitt.—Painted, and presented, by the same.*  
From the same subject as Preparation No. 19. Class II.

*Digestion.* Division II. (Vide Fasciculus of Anatomical Drawings from the Museum of the Army Medical Department. Plate IX. fig. 1.)

3. Exhibits extensive intestinal Intus-susception.—*Fort Pitt. Painted, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals.*

From the subject of Preparation No. 20. Class II. *Digestion.* Division IV.

4. Stomach, Liver, small Intestines, and urinary Bladder, affected with large masses of vesicular structure growing from their peritoneal coat, and sending down pendulous portions, supported by processes of peritoneum.—*Painted, and presented, by the same.*

Taken from a soldier of the 88th Regiment.

5. Vesicular masses in the Omentum, and Colon.—*Painted, and presented, by the same.*

From the same subject as the preceding.

6. Phagedenic ulceration of the Penis.—*Edinburgh.—Painted, and presented, by the same.*

From a patient in the Royal Infirmary. The disease first commenced by a slight abrasion unconnected with any syphilitic cause, or with coition.

7. Brain,—exhibiting Hydrocephalus internus. The right side of the Brain is laid open, and some of the fluid still left: the septum lucidum is perforated by an irregular, ragged, opening, showing the depth of the fluid of the left ventricle, and divided (without dissection) into two layers, one of which is folded, and supported by a hook: the plexus choroides is seen coming up from the cornu ammonis, and passing through the foramen Monroianum: blood-vessels inosculate round the thin walls of the ventricle.—*Painted, and presented, by the same.*

From a child seven years of age.

8. View of the base of a Skull greatly enlarged from Hydrocephalus.—*Edinburgh.—Painted, and presented, by the same.*

From a young fisherman, who attained the age of twenty years before he died. The skeleton is preserved in Mr. Liston's Museum.

9. Exhibits ulceration of the buttocks.—*Ibid.—Painted, and presented, by the same.*

From Robert Sims, tailor, a patient in the Royal Infirmary. His disease was originally syphilitic: he had two chancres on the prepuce, which appeared eight days after suspicious connexion, and were followed by buboes: after using mercury slightly for two months, his complaints yielded. About this time, a bright red spot appeared on the perineum, and afterwards a small tumour on the hip, which ulcerated, and spread until it joined the other, attended by much pain. At length, the ulceration reached the extent presented in the Painting.

10. Inflammation of the theca of the Medulla Spinalis.—*Fort Pitt.*—*Painted, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals.*

From John Burch, 67th Regiment, æt. 60, who was admitted into hospital, moribund, with gangrenous swelling of the right arm. Previous to death, which took place in a few hours afterwards, he became affected with tetanus. On dissection, the vessels in the spinal chord were found gorged with blood, and the theca was very red; the inflammation, however, did not extend to the substance of the spinal marrow itself. (Vide Fasciculus of Anatomical Drawings from the Museum of the Army Medical Department, Plate II. fig. 2.)

11. Exhibits *Molluscum pendulum* in the face, accompanied by tubercular affection of the back, and upper extremities.—*Edinburgh.*—*Painted, and presented, by the same.*

This disease, which occurred in a weaver, a patient in the Royal Infirmary, was of long standing, free from pain, and of imperceptible origin. The principal tumour, which was soft and moveable, was appended to the right eyelid. When extirpated, its structure was found to be cellular, and moderately vascular. It was not ascertained whether regeneration subsequently took place.

12. Elephantiasis of the right lower extremity.—*Ibid.*—*Painted, and presented, by the same.*

From a woman, a patient in the Royal Infirmary, in whom the disease appeared suddenly after a slight febrile attack at Gibraltar, and in a few days attained the size represented in the Painting.

13. Exhibits pustular eruption, mixed with encrusted ulcers,

diffused over the whole surface of the body: also a female Head, with ulceration of the tongue and under lip.—*Fort Pitt*.—*Painted, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals.*

From the same subject as Preparation No. 7. Class I. *Respiration*. Division I. (Vide Fasciculus of Anatomical Drawings from the Museum of the Army Medical Department, Plate VI.)

14. Exhibits pustular eruption on the face; with pustules and ulcers on the shoulders, and upper extremities.—*Edinburgh*.—*Painted, and presented, by the same.*

From Mary Waddell, æt. 50, a patient in the Royal Infirmary, who had been profusely salivated ten years before for a supposed syphilitic affection. The eruption rapidly disappeared by appropriate treatment, the case terminating by desquamation.

15. Exhibits medullary Sarcoma in the Leg: also a section of a small Fungus hæmatodes.—*Ibid.*—*Painted, and presented, by the same.*

This tumour adhered but slightly to the surrounding parts; the gastrocnemius and soleus were pale and attenuated, stretched over the tumour, and perforated by it at a spot where a fungus had begun to appear: one coagulum of blood was obvious. The mass was intersected by septa of a consistence not firm enough to resist forcible tearing; from these the different portions could be turned out with the fingers. Two such portions are represented. Amputation being performed, the man did well.—The Fungus hæmatodes was also successfully extirpated from the calf of the leg.

16. Cancerous ulcer on the Hand and fore-arm.—*Ibid.*

From a woman, a patient in the Royal Infirmary. The arm was amputated, and the disease had not returned two months after the operation.—This picture also represents a fungoid, malignant, ulcer above the heel, of which the history is unknown.

17. Ulcerated opening in the left side of the Perineum: the result of lithotomy.—*History unattainable.*

18. Fungus hæmatodes, springing from the under surface of the right great Toe.—*Canterbury*.—*Presented by Dr. Logan, Surgeon, 5th Dragoon Guards.*

From the same subject as No. 32. Class VI.; but taken in an earlier stage of the disease.

19. Exhibits deep ulcerations in the Nates.—*Edinburgh.*—*Presented by Professor Lizars.*—*History unattainable.*
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## DRAWINGS.

1. Exhibits an internal view of the Larynx and Trachea, with a fistulous external opening between the thyroid and cricoid cartilages; and a highly inflamed state of the mucous membrane.—*Bengal.*—*Presented by Dr. Brown, Surgeon, 87th Regiment.*

From Thomas Fullerton, 87th Regiment, who, in an attempt at suicide, divided the Larynx with a razor: the wound healed, with the exception of the opening shown in the drawing. The patient died a month afterwards of acute Bronchitis, brought on by the continued irritation produced by the opening.

2. Exhibits the appearance of the Trachea and Bronchiæ in acute, and chronic Bronchitis.—*Fort Pitt.*—*Drawn, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals.*
3. Tuberculated Lung, with a vomica of considerable size, and tough, smooth, parietes.—*Ibid.*—*Drawn, and presented, by the same.*

From a patient who died of Phthisis.

4. Represents Lungs in a very advanced stage of tubercular degeneration; with vomicæ of various sizes, one of great extent.—*Ibid.*—*Drawn, and presented, by the same.*
5. Exhibits the Pericardium, and surface of the Heart, in Carditis.—*Ibid.*—*Drawn, and presented, by the same.*  
From the same subject as No. 21. Class. I. *Circulation.* Division I.
6. Enlargement of the Heart, with adhesion of the Pericardium to its substance; the right auricle and ventricle laid open.—*History unattainable.*
7. View of the interior of the left auricle, and ventricle, of the same Heart.

8. View of the cavity of an Aneurism of the Aorta.—*History unattainable.*
9. External view of a carotid Aneurism.—*Drawn, and presented, by Mr. Stratford, Assistant Surgeon to the Forces.*
10. Represents a diffused Aneurism of the popliteal Artery. (Vide No. 60. Class I. *Circulation.* Division II.)—*Drawn, and presented, by Mr. Rolland, Assistant Surgeon, 4th Regiment.*
11. An Instrument used for the Torsion of Arteries.—*Hamburg.*—*Drawn, and presented, by the same.*
12. External, and internal view of the effect of Torsion of Arteries.—*Ibid.*
13. Stricture of the Œsophagus near its termination in the Stomach; accompanied by excrescences, growing externally from the Duodenum.—*Ireland.*
14. Another view of the same; with part of a soft fungous excrescence growing from the internal surface of the Stomach, at its cardiac orifice.—*Ibid.*—*Both drawn, and presented, by Dr. Brown, Surgeon, 2nd Dragoon Guards.*

In this case, the Stomach was highly vascular; the inferior extremity of the Œsophagus was thickened and discoloured for about three inches, tapering gradually downwards to the cardia, where it was so constricted as to admit with difficulty the passage of the smallest catheter. The fungous excrescence represented in the second drawing grew from the cardiac portion of the mucous tunic of the Stomach; it was about ten inches round at its outer edge, and half an inch thick in the centre, gradually becoming thinner towards its circumference, and resembled a longitudinal section of a bunch of grapes at half growth. There was, also, a morbid enlargement of the ductus communis choledochus, produced by a fungous growth at its entrance into the Duodenum. Two opaque caseous excrescences, likewise, grew from, and were firmly attached by broad, vascular bands to, the same viscus; the base of the largest being, moreover, fastened to the cardiac end of the Stomach by a fine, pellucid, membrane, spread along its upper curvature.

15. View of the peritoneal surface of a portion of Ilium,—

exhibiting inflammation, and granular effusion of lymph.  
—*Chatham*.—*Drawn, and presented, by Mr. Rolland, Assistant Surgeon, 4th Regiment*.—*History unattainable*.

16. Represents a portion of Ilium strangulated in an anormal aperture of the mesentery.—*History unattainable*.
17. Exhibits the appearance of a patch of peritoneal inflammation of Intestine; also, of an ulcer of its mucous tunic.—*Drawn, and presented, by Mr. Rolland, Assistant Surgeon, 4th Regiment*.—*History unattainable*.
18. Perforation of the parietes of the Cæcum from ulceration.—*History unattainable*.
19. Portion of Colon,—showing increased vascularity of its mucous membrane, and small circular ulcers, having a pustular character: the inner surface of the Rectum studded with similar ulcers: and a part of the lining tunic of the Ilium, in which well defined ulcers also exist.—*Drawn, and presented, by Mr. Rolland, Assistant Surgeon, 4th Regiment*.

Taken from a child, who died of small-pox.

20. Stomach and Duodenum,—exhibiting the effects of poison.—*Edinburgh*.—*Presented by Dr. Macintosh*.  
From No. 11. Class II. *Digestion*. Division II.

21. Exhibits the morbid condition of the Colon contrasted with the comparatively healthy state of the Jejunum.—*Ibid*.—*Presented by the same*.

Taken from the same subject as the preceding.

22. Shows the state of the termination of the Colon, and whole of the internal surface of the Rectum: also the appearance of the gums after death.—*Ibid*.—*Presented by the same*.

From the same subject as the two preceding.

23. Portion of Liver,—its external surface discoloured and granulated.—*History unattainable*.
24. Variolar Pustules.—*Edinburgh*.—*Drawn, and presented, by Mr. Rolland, Assistant Surgeon, 4th Regiment*.
25. Pustular eruption, accompanying vaccination.—*Ibid*.—*Drawn, and presented, by the same*.

From the wife of a soldier of the 92nd Regiment, who, two days after vaccination, was attacked with vomiting, and pain in the limbs. On the ninth day the vaccine

vesicles appeared on the arm; and, on the thirteenth, the eruption delineated in the drawing made its appearance.

26. The Face of an infant, covered with the pustules of confluent small-pox, in an advanced stage.—*Drawn, and presented, by Mr. Rolland, Assistant Surgeon, 14th Regiment.*

27. Exhibits a papular eruption, connected with syphilis.—*Edinburgh.—Drawn, and presented, by the same.*

From a soldier of the 74th Regiment, who had been treated for primary syphilis with mercury: two months afterwards, the eruption here delineated made its appearance; and, at the same time, he was attacked with ulceration in the septum narium, and in the Pharynx.

28. Presents confluent variolar Pustules on the back of the Hand.—*Chatham.—Drawn, and presented, by the same.*

From Corporal William Ray, Grenadier Guards, æt. 21. A case of severe small-pox, which terminated favourably.

29. Acne punctata, extensively spread over the back.—*Chatham.—Drawn, and presented, by the same.*

From Michael Glynn, 4th Regiment, a young man of fair complexion. The eruption had appeared some time before, and slowly increased.

30. Represents Herpes zoster on the side, in an advanced stage.—*Fort Pitt.—Drawn, and presented, by the same.*

From William Turner, 14th Regiment, æt. 40, who was admitted with this cutaneous affection extremely well marked. It was ushered in by considerable fever. The drawing was not made, until the vesicles, having matured and scabbed, had lost their characteristic appearance.

31. Pustular eruption on the upper part of the Face.—*Edinburgh.—Presented by Mr. Lyons, Surgeon to the Forces.*

From a soldier of the 92nd Regiment, who had been vaccinated in early life.

32. Presents small Abscesses, with livid integuments surrounding them, in different parts of the body.—*Ibid.—Presented by the same.*

From a young soldier of the 94th Regiment. The disease was accompanied by marasmus: the abscesses terminated in ill-conditioned ulcers.



33. Exhibits Abscess in the right hemisphere of the Brain.—*Fort Pitt.—Drawn, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals.*

From No. 4. Class III. *Sensation.* Division I.

34. External appearance of the left hemisphere of the Brain, —exhibiting venous congestion on the surface, and a portion of dura mater adherent; also an internal section of the same, in a state of softening, with bloody puncta effused into its substance.—*Edinburgh.*

Taken from a lady, who died three weeks after childbirth. The longitudinal sinus was almost obliterated, near the point of lesion seen in the drawing, by thickening and induration of its parietes, and an exudation of lymph, mixed with a hard coagulum of blood, which led to the enlargement of the veins beyond the obstruction. These were filled with coagulated blood, and their coats thickened and inflamed. Rupture had taken place in many points on the surface, and also in the substance of the Brain itself.

35. Inflamed membranes of the Spinal chord.—*Fort Pitt.—Drawn, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals.*

From John Owen, 13th Light Dragoons, who, having received a contusion on the loins, by a fall from his horse, became paraplegic. He lingered in this state above a year, and sunk, at length, from an accumulation of sloughing bed sores. After death, on laying open the spinal canal, it was observed that the medulla spinalis was unusually soft; and at the situation of first dorsal, and two lower cervical, vertebræ, the theca was discovered to be at least thrice its natural thickness, and morbidly vascular, whilst the medullary matter of the chord itself was converted into a dusky, semi-transparent, yellowish substance, somewhat resembling paste, or jelly, both in colour and consistence. (Vide Fasciculus of Anatomical Drawings, from the Museum of the Army Medical Department, Plate II. fig. 1.)

36. Exhibits dense Cataract of the right eye.—*Ibid.—Drawn, and presented, by Mr. Rolland, Assistant Surgeon, 4th Regiment.*

From a soldier of the 93rd Regiment, in whom the disease had been many years forming.

37. An opaque Cataract of the right eye,—with adhesion of

the pupillary margin of the iris to the capsule.—*Ibid.*—*Drawn, and presented, by the same.*

From John Harrison, 96th Regiment, sent home from Bermuda with this disease, the result of ophthalmia, which was brought on by the accidental application of paint to the eye.

38. Transparent Staphyloma of the left cornea.—*Ibid.*—*Drawn, and presented, by the same.*

From John Ford, 9th Regiment, æt. 27. The consequence of an attack of ophthalmia in the West Indies.

39. Exhibits Leucoma of the left cornea.—*Ibid.*—*Drawn, and presented, by the same.*—*History unattainable.*

40. Presents extensive Caries of the Cranium, and bones of the face.—*Edinburgh.*—*Presented by Dr. Stewart, Surgeon to the Forces.*—*History unattainable.*

41. Represents a Fracture of the left Parietal bone.—*Glasgow.*—*History unattainable.*

42. Fracture, to a considerable extent, in the left side of the basis of the Cranium.—*Ibid.*

From the same subject as the preceding.

43. Exhibits deficiency of the greater part of the right Parietal bone; the Brain exposed.—*Presented by Mr. Armstrong, Surgeon to the Forces.*

From R. Hollyhock. This bone was removed by operation, for the cure of long-continued headache, after a fall on the head, but without any beneficial result.

44. Exhibits a Penis,—its external prepuce covered with large clusters of verrucæ.—*Fort Pitt.*

These excrescences form the subject of Preparation No. 14. Class IV. Division I.

45. Exhibits Carcinoma of the Testis, and Scrotum.—*Ibid.*—*Drawn, and presented, by Mr. Rolland, Assistant Surgeon, 4th Regiment.*

This disease forms the subject of Preparation No. 27. Class IV. Division I.

46. Presents a more advanced stage of the same.—*Ibid.*—*Drawn, and presented, by the same.*

47. Induration, enlargement, and discolouration of the Scrotum; with fungated ulcer rising from the right testicle.—*Ibid.*—*Drawn, and presented, by the same.*

From a soldier of the 2nd Regiment, who was admitted with disease of the testicle.

48. Exhibits ulceration, induration, and discolouration of the Labia pudendi.—*Edinburgh*.—*Presented by Dr. Macintosh*.

From a child, between three and four years of age: the disease appeared six weeks after an attack of measles, which had been attended with much pulmonary and intestinal irritation, and proved fatal in fourteen days.

49. Anterior view of Elephantiasis of the Labia pudendi.—*Barbadoes*.—*Presented by Dr. Dease, Surgeon to the Forces*.

This disease forms the subject of Preparation No. 4. Class IV. Division II.

50. Posterior aspect of the same mass.—*Ibid*.—*Presented by the same*.

51. Exhibits the state of the Labia, immediately after the removal of this morbid growth.—*Ibid*.—*Presented by the same*.

52. Shows the parts of generation, after the final healing of the wounds made in the operation.

53. Exhibits dorsal Abscess, connected with ulceration of the Vertebrae.—*Fort Pitt*.—*Drawn, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals*.

From Bernard McCann, æt. 23, 50th Regiment, a feeble, scrofulous subject, admitted for fistula in perineo. A slight curvature in the dorsal region of the spinal column was perceptible, and tumefaction, but without sense of fluctuation to the left of it. No alteration of this state of things took place until his death, which followed an attack of acute Bronchitis. On examination, a large abscess was found seated on the front of the spine, extending from the sixth cervical, to the eighth dorsal, vertebra, and containing eighteen ounces of purulent matter. The Aorta and Œsophagus were thrown in front of this large sac: the bodies of the dorsal vertebrae were in a carious state; and the intervertebral substance was in a great degree absorbed. (Vide Fasciculus of Anatomical Drawings, from the Museum of the Army Medical Department, Plate I.)

54. Internal view of diseased Knee-joint.—*Drawn, and presented, by the same*.

55. Hypertrophy, with dilatation, of the Heart; and tubercular formation in the substance of its parietes.—*Edinburgh.*—*Presented by Dr. Macintosh.*

From a woman, between twenty and thirty years of age, of vicious habits, who expired suddenly, without previous indication of disease, having always been represented as a remarkably healthy person.

56. Front view of a Monster, consisting of the junction of the superior parts of two female Fœtus.—*Malta.*—*Drawn, and presented, by Dr. Calvert, Deputy Inspector General of Hospitals.*

57. Back view of the same Monstrosity.—*Ibid.*—*Drawn, and presented, by the same.*

58. Exhibits phagedenic ulceration in the left groin: knee and foot sphacelated.—*Edinburgh.*—*Drawn, and presented, by Mr. Rolland, Assistant Surgeon, 4th Regiment.*

In this case, the femoral artery ulcerated, and was tied above Poupert's ligament. The patient died, twenty days afterwards, of mortification of the knee and foot.

59. Malignant ulcers on the nose, cheeks, and upper lip.—*Drawn, and presented, by the same.*

60. Tongue,—exhibiting morbid secretion.—*Fort Pitt.*—*Drawn, and presented, by the same.*

From Serjeant Moriarty, 46th Regiment, a phthisical patient. Taken to show the state of the tongue in that disease; the edge of a crimson colour, its centre white, furred, and rough.

61. Exhibits loss of all the toes, with ulceration, and exposure of the metatarsal bones; the effect of congelation.—*Fort Pitt.*—*Drawn, and presented, by the same.*

From George Bateman, a negro, whose feet were frost-bitten on his voyage to England.

62. Malignant ulceration of the lower Jaw.—*Drawn, and presented, by the same.*

63. Shows the inner aspect of a lower extremity affected with Fungus hæmatodes.—*Drawn, and presented, by Mr. Leslie.*

64. Outer view of the same case.—*Drawn, and presented, by the same.*

65. Fungoid Tumour of the elbow.—*London.*—*Presented by Mr. T. Berry, Surgeon to the Forces.*

From the case which forms the subject of Preparation No. 4. Class VI.

66. Appearance of a pestilential Carbuncle.—*Malta.*—*Drawn, and presented, by Dr. Calvert, Deputy Inspector General of Hospitals.*

From one of the cases which occurred in 1813.

67. Extensive sarcomatous Tumour in the mouth.—*Fort Pitt.*—*Drawn, and presented, by Mr. Rolland, Assistant Surgeon, 4th Regiment*

From Patrick Jordan, 41st Regiment, invalided from India, on account of a tumour in the mouth, occupying nearly the whole of its cavity, and sending processes downwards to the back part of the Pharynx. It, apparently, had its origin in the left Antrum maxillare. It was firm, somewhat moveable, and divided into two portions by a deep fissure. (Vide Cast No. 3.)

68. The same, in a more advanced stage.—*Ibid.*—*Drawn, and presented, by Mr. Wyer, Surgeon, 74th Regiment.*

69. Ulceration of the toes, and sole of the foot.—*Ibid.*—*Drawn, and presented, by Mr. Schetky, Deputy Inspector General.*

From Peter Lavens, æt. 25, who was admitted with ulcers on the penis, followed by ulceration of the tonsils, and pustular eruption. The disease in the foot appeared while the patient was under the influence of mercury, but did not heal on its omission. (Vide Fasciculus of Anatomical Drawings, from the Museum of the Army Medical Department, Plate IV. fig. 2. and 3.)

70. Congenital Tumour, on the left arm of a child.—*Chatham.*—*Drawn, and presented, by the same.*

From John Holloway, aged 14 days, son of a soldier of the Royal Sappers and Miners. At birth it was about half the size here delineated, which was as follows; length  $4\frac{1}{2}$  inches, circumference 11 inches, external surface  $5\frac{3}{4}$  inches.

71. Large Tumour, protruding from the forehead and nose.—*Edinburgh.*—*Presented by the same.*

This was a case of congenital deficiency of the ethmoid and orbital portions of the frontal bone, with serous effusion, projecting from within the cranium, analogous to spina bifida. The external appearance resembled fungus hæmatodes.

72. Encephaloid Tumour, growing from the right side of the head, accompanied by an enormous fissure in the palate.—*Chatham*.—*Presented by Mr. Pargeter*.

From the child of Corporal Blackwood, Royal Sappers and Miners. The head was of a conical shape; the tumour resembled a kidney, being  $11\frac{5}{8}$  inches in its longest surface, and eight in its lateral superficies. It was soft and pulpy to the touch, without pulsation, and of low temperature: it appeared to contain the greater part of the cerebrum. The Orbicularis muscle of the right eye was exposed; the eye itself disorganized; the left was, also, imperfect: the palate was divided from the extremity of the nose, by a fissure directly back to the Pharynx: the velum pendulum, uvula, and tonsils were all deficient. The nose had a horny prominence near its extremity: the tongue was thick and large. There were also malformations of the fingers and toes; some wanting phalanges, others partially, or entirely, deficient in nails; others having interdigital membranes, like web-footed animals. The child lived forty-five days.

73. Exhibits Chancre on the Penis, with extensive ulceration in the right groin.—*Drawn, and presented, by Assistant Surgeon Stewart, 28th Regiment*.

The sore in the groin measured eighteen inches, reaching from the superior spinous process of the Ilium, to the verge of the anus. It ultimately healed.

74. Tumour situated on the left side.—*Fort Pitt*.—*Drawn by Mr. Dodson*. (Vide Class VI. No. 12.)

From the case which forms the subject of Preparation No. 12. Class VI., but taken at an earlier stage.

75. Polypus of the Antrum maxillare.—*Ibid*.—*Drawn, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals*.

From the same subject as No. 88. Class III. *Locomotion*. Division I.

76. Carcinoma on the cheek.—*Fort Pitt*.—*Drawn, and presented, by the same*.

From the same subject as Preparation 87. Class III. *Locomotion*. Division I.

77. Cancer of the under lip: sore lobulated.—*Ibid*.—*Drawn, and presented, by the same*.

In this case the lymphatic glands in the neck were much enlarged.

78. Carcinoma on the cheek.—*Fort Pitt*.—*Drawn, and presented, by the same.*

From the same subject as No. 76, in a less advanced stage.

79. Supposed to represent a horny substance growing from the neck of a female.—*History unattainable.*

80. Exhibits a large fungoid excrescence from the Parotid gland, accompanied by tumefaction of the superior extremity of the Sternum.—*Deal*.—*Presented by Mr. Freer, Hospital Assistant to the Forces.*

From John Verner, 3rd Foot Guards, admitted into hospital on his arrival from Flanders, with extensive gangrenous ulceration in the left groin, the result of syphilitic infection, which healed and broke out again during several months, when the lesions exhibited in the drawing made their appearance.

## PRINTS.

1. Represents inflammation of the theca of the Medulla spinalis.—*Fort Pitt*.—*Engraved from Painting No. 10.*

2. Elephantiasis of the face.—*Edinburgh.*

This disease occurred in a boy, a native of the West Indies, about sixteen years of age. It was accompanied by ichthyosis, ulceration of the fauces, great debility, and excessive sensibility to cold.

3. Congenital Tumour in the arm of an infant.—*Chatham*.—*Engraved by Dr. Neale, Assistant Inspector of Hospitals, from Drawing No. 70.*

4. Fatal Polypus in the right side of the Heart.—*Engraved by Mr. Stewart, Assistant Surgeon, 2nd Dragoons.*

5. Tumour,—growing from the Perineum.—*Presented by Mr. Murray, Assistant Surgeon to the Forces.*

This tumour was afterwards excised by Mr. Liston.

## CASTS.

1. Female Monster, having a double body and extremities, with single head.—*Presented by Sir James M'Grigor, Bart. M.D. F.R.S., Director General of the Army Medical Department.*

On dissection of this *lusus*, the bones of the head were found correct in number, but unduly large: the cerebrum was natural. There were two *Medullæ oblongatæ*; one Trachea; one pair of Lungs; one Heart; a perforation in the diaphragm, through which the right lobe of the Liver protruded into the chest; two Spleens; two large Kidneys; two urinary Bladders; one *Œsophagus*; one Stomach; one Duodenum, divided at its lower end into two parts; and two Uteri.

2. Exhibits a large fossa in the forehead, created by Necrosis and separation of a great part of the *Os frontis*.—*Fort Pitt.—Taken, and presented, by Dr. Hennen, Assistant Surgeon, Royal Military Asylum.*

From the same subject as Preparation No. 96. Class III. *Locomotion*. Division I.

3. Sarcomatous Tumour in the mouth.—*Ibid.*

From the same subject as Drawings Nos. 67. and 68.

4. Sarcomatous Tumour in the cheek.—*Edinburgh.—Presented by Sir George Ballingall, Professor of Military Surgery.*

The tumour, of which this is a cast, was removed from Hugh Nevinson, æt. 51, by the donor. (Vide Clinical Lecture delivered at the Royal Infirmary, July 1827, p. 21.)

5. Sarcomatous Tumour, situated behind the angle of the right lower jaw.—*Ibid.—Presented by the same.*

This tumour, when removed, was found adherent to the mastoid, and stiloid, processes of the temporal bone: in dissecting it out, the facial artery was divided, and the trunk of the carotid laid bare for nearly an inch and a half of its course. It was of a dense sarcomatous structure; and contained within it several large cells, filled with a bloody fluid. The patient, a fine young woman, made a speedy recovery.



6. Fungous Tumour in the left groin.—*Ibid.*—*Presented by the same.*

Taken from Robert Auld, an idiot boy, after death. (Vide Clinical Lecture delivered at the Royal Infirmary, July 1827, p. 13; also, Edinburgh Medical and Surgical Journal for October 1827.)

7. Enormous osteo-sarcomatous Tumour, springing from the lower jaw.—*Ibid.*—*Presented by the same.*—*History unattainable.*
8. Inguinal Hernia of the left side.—*Taken, and presented, by Dr. Hennen, Assistant Surgeon, Royal Military Asylum.*
9. Large Tumour, involving the whole of the left buttock.—*History unattainable.*
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10. Case, containing fifteen coloured glass Models, illustrative of morbid affections of the Eye.—*Presented by Mr. Allan, Assistant Surgeon to the Forces.*

## PART II.—NATURAL ANATOMY.

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### RESPIRATION.

1. Exhibits the cartilages and muscles of the Larynx, with their attachments to the Os hyoides above, and Trachea below.—*Fort Pitt.*—*Prepared by Mr. Fagg, Assistant Surgeon to the Forces.*
2. Shows the minute ramifications of the Bronchiæ.—*Edinburgh.*—*Presented by Professor Munro.*
3. Right lobe of the Lung of a still-born Fœtus,—injected.—*Fort Pitt.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
4. Thoracic viscera of the Fœtus,—minutely injected.—*Ibid.*—*Prepared, and presented, by the same.*
5. Section of adult Lung,—injected to exhibit the vascularity of the air-cells.—*Ibid.*—*Prepared, and presented, by the same.*
6. A similar injection with the same view.—*Ibid.*—*Prepared, and presented, by the same.*
7. Another section of Lung,—minutely injected.—*Ibid.*—*Prepared, and presented, by the same.*
8. Thymus gland,—from a young subject.—*Ibid.*
9. The same,—from an adult.—*Ibid.*—*Presented by Mr. Fagg, Assistant Surgeon to the Forces.*

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### CIRCULATION.

1. Exhibits the Circulation in the Fœtus, with its peculiarities.—*Fort Pitt.*—*Prepared, and presented, by Mr. Ford, Assistant Surgeon, 72nd Regiment.*

2. Fœtal Heart,—displaying the condition of the foramen ovale.—*Ibid.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
3. Another,—displaying the same, with some variation of form.—*Ibid.*—*Prepared, and presented, by the same.*
4. Another,—illustrative of the same subject.—*Ibid.*—*Prepared, and presented, by the same.*
5. Another,—exhibiting the same foramen; the Ductus arteriosus partially closed.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*  
From a child, who died five days after its birth.
6. Arteries of the superior extremity,—injected.—*Prepared, and presented, by Mr. Menzies, Assistant Surgeon to the Forces.*
7. Arteries of the Pelvis, and inferior extremity, of a subject about ten years of age,—injected.—*Fort Pitt.*—*Prepared, and presented, by Mr. Fagg, Assistant Surgeon to the Forces.*
8. Arteries of the Head,—injected.—*Ibid.*
9. Arm of an adult, injected,—exhibiting high bifurcation of the Brachial artery.—*Ibid.*
10. Portion of Aorta,—in which the different tunics of an artery are shown.—*Ibid.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
11. Mercurial injection of the erectile tissue of the fingers.—*Ibid.*—*Prepared, and presented, by the same.*
12. The same,—of the thumb.—*Prepared, and presented, by the same.*
13. Mercurial injection of the blood-vessels of the fingers.—*Ibid.*

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### DIGESTION.

1. Upper Jaw of a Fœtus at the sixth month, injected, to display the vascularity of the dental capsules.—*Fort*

*Pitt.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

2. Lower Jaw of the same, injected with the same view: one tooth turned out of its capsule, to show the membrane which secretes the Enamel.—*Ibid.*—*Prepared, and presented, by the same.*
3. Exhibits the five dental Sockets in both Maxillæ of the Fœtus.—*Ibid.*—*Prepared, and presented, by the same.*
4. The deciduous Teeth, and order of succession of the permanent Teeth, in a child, four years of age.—*Ibid.*—*Prepared, and presented, by the same.*
5. Jaw of a child, prepared to illustrate the process of Dentition.—*Malta.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
6. Right half of the Tongue, minutely injected, to exhibit the median line.—*Fort Pitt.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
7. Adult Tongue, minutely injected, in which the three sets of mamillæ are shown.—*Ibid.*—*Prepared, and presented, by the same.*
8. Fœtal Stomach injected, to exhibit the extreme vascularity of its inner tunic.—*Ibid.*—*Prepared, and presented, by the same.*
9. Pyloric valve in the adult.—*Ibid.*—*Prepared, and presented, by the same.*
10. Pylorus, and portion of Duodenum,—showing the entrance of the pancreatic duct, and common bile duct, into the latter.—*Ibid.*—*Prepared, and presented, by the same.*
11. Duodenum injected, to exhibit its vascularity.—*Ibid.*—*Prepared, and presented, by the same.*
12. Portion of fœtal Jejunum,—showing the absence of the valvulæ conniventes at this period.—*Ibid.*—*Prepared, and presented, by the same.*
13. Part of the fœtal Jejunum minutely injected, to exhibit its vascularity.—*Ibid.*—*Prepared, and presented, by the same.*
14. Portion of adult Jejunum injected and inverted, to exhibit the vascularity of the valvulæ conniventes.—*Ibid.*—*Prepared, and presented, by the same.*

15. Portion of the same Intestine, injected to show the vascularity of the inner surface.—*Fort Pitt*.—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
16. Portion of Jejunum minutely injected, to show the vascularity of the valvulæ conniventes.—*Ibid.*—*Prepared, and presented, by the same.*
17. Portion of Ilium, minutely injected.—*Ibid.*—*Prepared, and presented, by the same.*
18. Portion of Ilium, minutely injected,—exhibiting the glandulæ aggregatæ.—*Ibid.*—*Prepared, and presented, by the same.*
19. Another portion of the same Intestine, injected.—*Ibid.*—*Prepared, and presented, by the same.*
20. Portion of small Intestine,—the arteries and lacteals injected.—*Ibid.*
21. Portion of small Intestine, injected.—*Ibid.*
22. Exhibits the Ilio-colic valve.—*Ibid.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
23. Transverse arch of the fœtal Colon,—exhibiting the deficiency of the appendices epiploicæ at this period of existence.—*Ibid.*—*Prepared, and presented, by the same.*
24. Exhibits the Appendix vermiformis cæci, during infancy.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*
25. Lymphatics, injected with mercury.—*Fort Pitt.*

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## SECRETION.

1. Mercurial injection of the Absorbents of the Liver.—*Fort Pitt.*
2. The same, of the Absorbents of the Gall-bladder.—*Ibid.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

3. The same subject continued.—*Fort Pitt*.—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
4. Mercurial injection of the Absorbents of the Liver.—*Ibid.*—*Prepared, and presented, by the same.*
5. Gall-bladder,—the Absorbents displayed by mercurial injection.—*Ibid.*
6. Gall-bladder,—the Absorbents injected with mercury, and the cystic artery with wax.—*Ibid.*
7. Absorbents of the Gall-bladder, injected with mercury.—*Ibid.*
8. Fœtal Spleen,—minutely injected.—*Ibid.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
9. Adult Spleen,—its structure displayed.—*Malta*.—*Prepared, and presented, by Dr. Davy, Assistant Inspector of Hospitals.*
10. Portion of the same,—exhibiting its minute structure.—*Ibid.*—*Prepared, and presented, by the same.*
11. Section of Kidney, minutely injected,—exhibiting the difference between the uriniferous and sanguiferous portions of the gland; the Calyces; the Infundibula; the Mamillæ; and uriniferous tubes.—*Fort Pitt*.—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
12. The same subject illustrated.—*Ibid.*—*Prepared, and presented, by the same.*
13. The same subject continued.—*Ibid.*—*Prepared, and presented, by the same.*
14. The renal Acini, injected.—*Ibid.*—*Prepared, and presented, by the same.*
15. Exhibits the vascularity of the supra-renal glands, the lobular structure of the fœtal Kidneys, and the situation of the Bladder.—*Ibid.*—*Prepared, and presented, by the same.*
16. The supra-renal glands, and lobular structure of the fœtal Kidneys.—*Ibid.*—*Presented by the same.*
17. Section of fœtal Kidney, minutely injected.—*Ibid.*—*Prepared, and presented, by the same.*

18. Exhibits the supra-renal glands, and lobular structure of the Kidneys before birth.—*Fort Pitt.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
19. Kidney,—corroded to display the blood-vessels.—*Ibid.*
20. Dermis,—minutely injected.—*Ibid.*—*Prepared, and presented, by the same.*
21. Exhibits the vascularity of the fœtal Dermis.—*Ibid.*—*Prepared, and presented, by the same.*
22. Exhibits the vascularity of the adult Dermis.—*Ibid.*—*Prepared, and presented, by the same.*
23. Exhibits the attachment of the hairs to the Dermis of the scalp.—*Ibid.*—*Prepared, and presented, by the same.*
24. Exhibits the median line of the Scalp: the injection has run minutely on one side, and on the other the larger vessels only are filled.—*Ibid.*—*Prepared, and presented, by the same.*
25. Portion of Integument, highly injected.—*Ibid.*

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### SENSATION.

1. Portion of Dura mater,—its external and internal layers separated.—*Malta.*—*Presented by Dr. Davy.*
2. Portion of Nerve, injected to show the vascularity of the nervous structure, and neurilema.—*Fort Pitt.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
3. Dissection of the Nerves of the face and scalp.—*Edinburgh.*—*Presented by Professor Munro.*
4. Exhibits the Facial nerve, together with the supra and infra-orbital branches of the Fifth pair.—*Ibid.*—*Presented by Mr. Jemmett, Surgeon to the Forces.*
5. Internal view of the foramen centrale of the Retina.—*Ibid.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

6. External view of the same foramen.—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
7. Fœtal Retina injected, to show its vascularity.—*Ibid.*—*Prepared, and presented, by the same.*
8. Tunica choroides,—minutely injected.—*Ibid.*—*Prepared, and presented, by the same.*
9. The Tunica choroides and Membrana pupillaris of a Fœtus at the seventh month, minutely injected; the latter partly absorbed.—*Ibid.*—*Prepared, and presented, by the same.*
10. Exhibits the vascularity of the fœtal Choroid tunic.—*Ibid.*—*Prepared, and presented, by the same.*
11. The same subject illustrated.—*Ibid.*—*Prepared, and presented, by the same.*
12. Membrana pupillaris, minutely injected,—the vascular ramifications seen extending over the membrane in a radiated form.—*Ibid.*—*Prepared, and presented, by the same.*
13. Fœtal Crystalline lens: the capsule minutely injected, and the vessels arranged in a radiated form round its posterior part.—*Ibid.*—*Prepared, and presented, by the same.*
14. Mercurial injection of the Venæ vorticosæ of the Eye.—*Ibid.*—*Prepared, and presented, by the same.*
15. Exhibits the vascularity of the capsule of the Crystalline lens in a Fœtus of seven months.—*Ibid.*—*Prepared, and presented, by the same.*
16. Exhibits the Ophthalmic artery, and appendages of the Eye, injected.—*Ibid.*
17. The Ciliary processes of the Eye, minutely injected.—*Edinburgh.*—*Presented by Professor Munro.*
18. Exhibits the Retina, with the Pigmentum nigrum.—*Ibid.*—*Presented by the same.*
19. The Choroid tunic, minutely injected.—*Ibid.*—*Presented by the same.*
20. Exhibits the Lachrymal duct, in an adult.—*Malta.*—*Pre-*



*pared, and presented, by Dr. Davy, Assistant Inspector of Hospitals.*

21. Tendon and pulley of the Obliquus externus of the Eye.—*Malta.—Prepared, and presented, by the same.*
22. Exhibits the Chorda tympani passing across the Membrana tympani of the Ear, between the Malleus and Incus. The Portio dura is also shown, emerging from the stilo-mastoid foramen.—*Fort Pitt.—Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
23. Exhibits the Vestibulum, Semicircular canals, cavity of the Tympanum, and Annulus membranæ tympani.—*Ibid.—Prepared, and presented, by the same.*
24. Exhibits the Membrana tympani, Ossicula auditûs in situ, Cochlea, and its communication with the Foramen rotundum.—*Ibid.—Prepared, and presented, by the same.*
25. Exhibits the vascularity of the Membrana tympani.—*Ibid.—Prepared, and presented, by the same.*
26. Ossicula auditûs in the Fœtus.—*Ibid.—Prepared, and presented, by the same.*
27. The same,—in the adult.—*Ibid.—Prepared, and presented, by the same.*
28. Exhibits the external Ear; Meatus auditorius externus; the Ossicula auditûs in their situation; the Chorda tympani, situated between the handle of the Malleus and long leg of the Incus; and the connexion of the Membrana tympani and Malleus: injected, and from the adult subject.—*Ibid.—Prepared, and presented, by the same.*
29. Exhibits the Membrana tympani, Ossicula auditûs, Stapedius muscle, and Mastoid cells.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Surgeon to the Forces.*
30. The osseous parts of the organ of Hearing.—*Prepared, and presented, by the same.*
31. The osseous parts of the organ of Hearing, with the course of the Facial nerve.—*Prepared, and presented, by the same.*

32. Exhibits the Cochlea, and Semicircular canals.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Surgeon to the Forces.*
  33. Cochlea; with the Infundibulum, Semicircular canals, and Vestibule.—*Prepared, and presented, by the same.*
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### LOCOMOTION.

1. Exhibits the radiated structure of the Parietal bone.—*Fort Pitt.—Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
2. Parietal bone of the Fœtus,—injected, to exhibit its vascularity.—*Ibid.—Prepared, and presented, by the same.*
3. Shows the vascularity of the Parietal bone, and its investing membranes, the Pericranium and Dura mater.—*Ibid.—Prepared, and presented, by the same.*
4. Exhibits the vascularity and progress of ossification in the last portion of the Spinal column.—*Ibid.—Prepared, and presented, by the same.*
5. Vascularity of the ossific germs of the foetal Spine.—*Ibid.—Prepared, and presented, by the same.*
6. Cancellous structure of adult Bone.—*Ibid.—Prepared, and presented, by the same.*
7. Exhibits the progress of ossification of the Spinal column.—*Ibid.—Prepared, and presented, by the same.*
8. The same,—in the Sternum.—*Ibid.—Prepared, and presented, by the same.*
9. The same,—in the Ethmoid bone.—*Ibid.—Prepared, and presented, by the same.*
10. The same,—in the Temporal bone.—*Ibid.—Prepared, and presented, by the same.*
11. The same,—in the Os innominatum.—*Ibid.—Prepared, and presented, by the same.*
12. The same,—in the Scapula.—*Ibid.—Prepared, and presented, by the same.*

13. The same,—in the Parietal bone.—*Fort Pitt*.—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
14. The same,—in the Occipital bone.—*Ibid.*—*Prepared, and presented, by the same.*
15. The same,—in the Frontal bone.—*Ibid.*—*Prepared, and presented, by the same.*
16. The same,—in the Sphenoid bone.—*Ibid.*—*Prepared, and presented, by the same.*
17. Entire Skeleton of a young male, articulated.—*Paris.*—*Presented by Dr. Farquhar M'Crae, Assistant Surgeon to the Forces.*
18. Entire Skeleton of a young female, articulated.—*Edinburgh.*—*Presented by Mr. Jemmett, Surgeon to the Forces.*
19. Skeleton of an adult, unarticulated, and incomplete.—*Fort Pitt.*
20. Cranium of a young subject.—*Ibid.*
21. Bones of the Head and Face of a young subject.—*Ibid.*
22. Bones of the Head of a young subject.—*Ibid.*
23. The same,—injected.—*Ibid.*
24. Pelvis of an adult female.—*Ibid.*
25. Bones of female Hands, unarticulated.—*Ibid.*
26. Os femoris of a young adult.—*Ibid.*
27. Portion of costal Cartilage,—displaying its internal structure.—*Malta.*—*Prepared, and presented, by Dr. Davy, Assistant Inspector of Hospitals.*
28. Cranium of an Englishman.—*Fort Pitt.*
29. Cranium of a German.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
30. Another specimen.—*Presented by the same.*
31. Cranium of a Grecian.—*Presented by Mr. Pilkington, Surgeon to the Forces.*
32. Cranium of a Grecian female.—*Presented by the same.*

33. Cranium of a Grecian, from Samos.—*Presented by Dr. Williams, Surgeon to the Forces.*
34. Cranium of a Grecian, from Cephalonia.—*Presented by Dr. M'Arthur, Surgeon, 90th Regiment.*
35. Front of the Cranium of a Grecian girl.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
36. Cranium of an ancient Greek, from Samos.—*Presented by Dr. M'Arthur, Surgeon, 90th Regiment.*
37. Cranium of an ancient Greek.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
38. Cranium of a Grecian Suicide.—*Presented by the same.*
39. Cranium of a Grecian.—*Presented by Mr. Pilkington, Surgeon to the Forces.*
40. Cranium of a Grecian, from Cerigo.—*Presented by Mr. Huthwaite, Assistant Surgeon, 90th Regiment.*
41. Cranium of a Candian Hero.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
42. Cranium of a Canadian.
43. Cranium of a Brahmin.—*Presented by Dr. Brown, Deputy Inspector General of Hospitals.*
44. Cranium of a Gentoo, of high caste.—*Presented by the same.*
45. Cranium of a Moor man.—*Presented by the same.*
46. Cranium of a Moor woman.—*Presented by the same.*
47. Cranium of a Moor boy.—*Presented by the same.*
48. Cranium of a Hindoo.—*Presented by the same.*
49. Cranium of an aged Hindoo.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*
50. Cranium of a Hindoo.—*Presented by Dr. Burke, Inspector General of Hospitals.*
51. Cranium of a Hindoo female.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*
52. Cranium of a Pariah.—*Presented by Dr. Brown, Deputy Inspector General of Hospitals.*

53. Cranium of a Pariah female.—*Presented by Dr. Brown, Deputy Inspector General of Hospitals.*
54. Cranium of a Pariah, of the lowest caste.—*Presented by the same.*
55. Cranium of a Burmese.—*Presented by the same.*
56. Cranium of a Burmese female.—*Presented by the same.*
57. Cranium of a Singalese.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
58. Cranium of a Malay, from Prince of Wales's Island.—*Presented by Mr. Alexander.*
59. Cranium of a Malay.—*Presented by Dr. Brown, Deputy Inspector General of Hospitals.*
60. Cranium of a native of Batavia.—*Presented by Mr. Alexander.*
61. Cranium of a native of Batavia.—*Presented by the same.*
62. Cranium of a native of Java.—*Presented by the same.*
63. Cranium of a black native of New South Wales.—*Presented by Dr. Gibson, Assistant Surgeon to the Forces.*
64. Cranium of a black native female of the same.—*Presented by the same.*
65. Cranium of an aboriginal native of New Holland.—*Presented by the same.*
66. Cranium of a black native of New South Wales.—*Presented by the same.*
67. Cranium of a native of New South Wales.—*Presented by Mr. Lister, Assistant Surgeon, 57th Regiment.*
68. Cranium of a native of New South Wales.—*Presented by Dr. Gibson, Assistant Surgeon to the Forces.*
69. Cranium of a Boy, native of Van Diemen's Land.
70. Cranium of a native of New Zealand.—*Presented by Dr. M'Leod, Deputy Inspector General of Hospitals.*
71. Cranium of a native of New Zealand.—*Presented by the same.*
72. Cranium of a native of New Zealand.—*Presented by Dr. Inlay, Assistant Surgeon to the Forces.*

73. Cranium of a black native of the Mauritius.—*Presented by Dr. Kinnis, Assistant Surgeon to the Forces.*
74. Cranium of a native of Madagascar.—*Presented by Mr. Tighe, Assistant Surgeon, 75th Regiment.*
75. Cranium of a native of Mozambique.—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*
76. Cranium of a Caffre Chief.—*Presented by Mr. Overton, Assistant Surgeon, 3rd Regiment.*
77. Cranium of a black native of South Africa.—*Presented by Mr. Morgan, Assistant Surgeon, 55th Regiment.*
78. Cranium of a Bosjesman.
79. Cranium of Avil, a Bosjesman Chief.—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*
80. Cranium of a Bosjesman.—*Presented by Mr. Morgan, Assistant Surgeon, 55th Regiment.*
81. Cranium of a Caffre Chief.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
82. Cranium of a Hottentot.—*Presented by Mr. Overton, Assistant Surgeon, 3rd Regiment.*
83. Cranium of a Hottentot insurgent.—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*
84. Cranium of Mogambo, a Caffre Chief.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
85. Cranium of an Eboo,—“the lowest and most wretched of all the African tribes.”—*Edwards.*
86. Cranium of a Fantee.
87. Cranium of an Ashantee.
88. Another specimen.
- 89 to 136. A series of Crania of Maniacs.
137. Cranium of Charles Brooks, an executed Malefactor.—*New South Wales.—Presented by Dr. Gibson, Assistant Surgeon to the Forces.*
138. Cranium of Isaac Smith, a Malefactor.—*Ibid.—Presented by the same.*

139. Cranium of a Bushranger, who was executed.—*New South Wales*.—*Presented by Dr. Gibson, Assistant Surgeon to the Forces.*
140. Cranium of Edward Watson, executed for Murder.—*Ibid.*—*Presented by the same.*
141. Cranium of a Murderer.—*Ibid.*—*Presented by Dr. M'Leod, Deputy Inspector General of Hospitals.*
142. Cranium of Lot M'Namara, an executed Criminal.—*Ibid.*—*Presented by Dr. Gibson, Assistant Surgeon to the Forces.*
143. Preserved Head of a native of New Zealand.
144. Preserved Head of a female of New Zealand.
145. Cranium,—the bones separate, but approximated by mechanism.—*Paris.*—*Presented by Dr. James Monro, Assistant Surgeon, 7th Fusileers.*
146. Skeleton of a Fœtus, about the sixth month.—*Fort Pitt.*
147. Exhibits the Ligaments of the Shoulder-joint.—*Ibid.*—*Prepared, and presented, by Mr. Fagg, Assistant Surgeon to the Forces.*
148. Ligaments of the Elbow-joint.—*Ibid.*—*Prepared, and presented, by the same.*
149. Ligaments of the Wrist, with the interarticular cartilage exposed.—*Ibid.*—*Prepared, and presented, by the same.*
150. Ligaments of the Hip-joint.—*Ibid.*—*Prepared, and presented, by the same.*
151. Exhibits the Crucial ligaments and Semilunar cartilages of the Knee-joint.—*Ibid.*—*Prepared, and presented, by the same.*
152. Knee-joint of a young subject, injected.—*Ibid.*—*Prepared, and presented, by the same.*
153. Ligaments connected with the Ankle-joint, and adjoining parts.—*Ibid.*—*Prepared, and presented, by the same.*
154. Bursa between the tubercle of the Tibia and Ligamentum patellæ.—*Ibid.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*

155. Biceps,—injected, to illustrate the vascularity of Muscle.—*Fort Pitt.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
156. Vascularity of Muscle,—displayed in a single penniform muscle.—*Ibid.*—*Prepared, and presented, by the same.*
157. Pelvis,—having all the Ligaments displayed; and, also, exhibiting a remarkable natural deficiency of the anterior part of the capsule of the left Hip-joint.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Surgeon to the Forces.*

## GENERATION.

1. Testis and Tunica albuginea,—minutely injected.—*Fort Pitt.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
2. Exhibits the vascularity of the tubular structure of the Testis.—*Ibid.*—*Prepared, and presented, by the same.*
3. Tubuli seminiferi testis,—unravell'd.—*Ibid.*—*Prepared, and presented, by the same.*
4. Mercurial injection of the Corpus spongiosum penis.—*Ibid.*—*Prepared, and presented, by the same.*
5. Arteries of the Spermatic chord, Epididymis, Tunica albuginea, and Tunica vaginalis,—injected.—*Ibid.*—*Prepared, and presented, by the same.*
6. Testicle and Spermatic chord.—*Ibid.*
7. Exhibits the continuity between the sac of the Peritoneum and that of the Vaginalis testis.—*Ibid.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
8. Hymen and external parts of Generation, from a child three years old,—injected.—*Ibid.*—*Prepared, and presented, by the same.*
9. Mons Veneris, Labia pudendi, Nymphæ, Clitoris, Preputium clitoridis, Meatus urinarius, Vestigia hymenidis, Meatus vaginæ, and Crura clitoridis,—from an adult.



10. External parts of the organs of Generation, from a young female child.—*Malta.*—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
11. The whole of the organs of Generation, and urinary Bladder, of a female child.—*Ibid.*—*Presented by the same.*
12. Impregnated Uterus.—*Fort Pitt.*
13. Uterus, at the eighth week of pregnancy.—*Ibid.*
14. Gravid Uterus at the fourth month.—*Ireland.*—*Presented by Dr. Cavet, Assistant Surgeon, 97th Regiment.*
15. Uterus of a female, who died shortly after delivery.—*Ibid.*
16. Uterus at the full period of gestation,—the Bladder and Rectum attached, and the blood-vessels injected.—*Edinburgh.*—*Presented by Dr. Knox.*
17. Ovum, at a very early period of gestation.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*
18. Fœtus, with Membranes, at about the fourth week.—*Fort Pitt.*
19. Fœtus, with Placenta, at about the sixth week.—*Chatham.*—*Presented by Mr. Baker, Surgeon.*
20. Fœtus, with Membranes, at the second month.—*Ibid.*—*Presented by the same.*
21. The same, at the sixth week.—*Ibid.*—*Presented by Mr. Johnstone, Assistant Surgeon to the Forces.*
22. The same, at the ninth week.—*Canterbury.*—*Presented by Mr. Steel, Assistant Surgeon, 1st Dragoons.*
23. The same, at the third month.—*Fort Pitt.*
24. The same, at about the fourth month.—*Ibid.*
25. The same, at about the fifth month.—*Ibid.*
26. Twin Fœtus from a Negress, about the fourth month.—*Mauritius.*
27. Fœtus,—taken from the Uterus constituting No. 14.—*Ireland.*—*Presented by Dr. Cavet, Assistant Surgeon, 97th Regiment.*
28. Fœtus, at the fourth month.—*Chatham.*—*Presented by Mr. Blythe, Assistant Surgeon, Royal Marines.*

29. The same, between the third and fourth month.—*Fort Pitt.*
  30. The same, at the fifth month.—*Ibid.*
  31. The same, at the fifth month.—*Ireland.*—*Presented by Dr. Cavet, Assistant Surgeon, 97th Regiment.*
  32. Umbilical chord, with part of the Placenta and Membranes; from a Fœtus, at the sixth month.—*Malta.*—*Presented by Dr. Scott, Surgeon, Rifle Brigade.*
  33. Fœtus,—part of the abdominal viscera removed, to display the Renal capsules, the situation of the Testicle, and lobulated form of the Kidneys.—*Fort Pitt.*
  34. Fœtus,—part of the thoracic and abdominal viscera exposed.—*Ibid.*
  35. Fœtus of six months,—displaying the Gubernaculum testis, fold of Peritoneum between the Rectum and Bladder, situation of the fœtal Testis, lobular structure of the Kidneys, and large size of the Renal capsules.—*Ibid.*—*Prepared, and presented, by Mr. Gulliver, Assistant Surgeon, 71st Regiment.*
  36. Exhibits the situation of the Testicle in the Fœtus, the Umbilical arteries, and lobular form of the Kidneys.—*Ibid.*
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## MISCELLANEOUS.

1. Exhibits some of the parts concerned in Hernia.—*Edinburgh.*—*Presented by Professor Munro.*
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## PAINTINGS.

1. Staff Surgeon Millar demonstrating the anatomy of the Neck to Mr. Schetky.—*Painted, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals.*

2. The anatomy of the parts concerned in Hernia.—*Painted, and presented, by the same.*
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## DRAWINGS.

1. Front view of the anatomy of the Pelvis and Thighs.—*Drawn, and presented, by Mr. Schetky, Deputy Inspector General of Hospitals.*
  2. Front view of the anatomy of the Neck, and upper Arm.—*Drawn, and presented, by the same.*
  3. Anatomy of the parts connected with the Subclavian artery.—*Drawn, and presented, by the same.*
  4. Nerves of the Neck.—*Drawn, and presented, by Mr. Stratford, Assistant Surgeon to the Forces.*
  5. Nerves of the Trunk.—*Drawn, and presented, by the same.*
  6. Nerves of the Arm.—*Drawn, and presented, by the same.*
  7. External Muscles of the Face.—*Presented by Sir James M'Grigor, Bart., M.D. F.R.S., Director General of the Army Medical Department.*
  8. The second order of Muscles on the back of the Neck.—*Presented by the same.*
  9. Muscles of the side of the Trunk and Extremities.—*Presented by the same.*
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## PRINTS.

1. A Diagram of the Human Eye, from a perpendicular section of the left orbit, with the parts contained in it,—coloured.
2. A Diagram of the Human Eye,—coloured.
3. A Map of the Ear magnified to four times its natural size,—coloured.

## CASTS.

1. Head of John Hutton, an executed Malefactor.—*New South Wales.—Taken, and presented, by Dr. Gibson, Assistant Surgeon to the Forces.*
2. Head of William Webb, an executed Malefactor.—*Ibid.*  
—*Taken, and presented, by the same.*
3. Head of Anne Campbell, an executed Criminal.—*Ibid.*  
—*Taken, and presented, by the same.*
4. Head of Patrick Malony, an executed Malefactor.—*Ibid.*  
—*Taken, and presented, by the same.*
5. Head of Thomas Mustin, an executed Malefactor.—*Ibid.*  
—*Taken, and presented, by the same.*
6. Head of Lot M'Namara, an executed Malefactor.—*Ibid.*  
—*Taken, and presented, by the same.*
7. Head of William Regan, an executed Malefactor.—*Ibid.*  
—*Taken, and presented, by the same.*
8. Head of John Wright, an executed Malefactor.—*Ibid.*  
—*Taken, and presented, by the same.*
9. Head of John Gough, an executed Malefactor.—*Ibid.*  
—*Taken, and presented, by the same.*
10. Head of John Any Bird Bell, æt. 14, executed for Murder, at Maidstone, 1831.—*Presented by Mr. Blythe, Assistant Surgeon, Royal Marines.*
11. Cranium of King Robert Bruce.—*Presented by Sir James M'Grigor, Bart. M.D. F.R.S. Director General of the Army Medical Department.*
12. Cranium of George Buchanan.—*Presented by the same.*

## PART III.—COMPARATIVE ANATOMY.

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### A. OSTEOLOGY.

#### CLASS MAMMALIA.

#### ORDER QUADRUMANA.

##### Family SIMIÆ.

1. Articulated Skeleton of an undetermined species.—*From the Museum of the Army Medical Department, Ceylon.*
2. Articulated Skeleton of an undetermined species.—*From the same.*
3. Cranium of an undetermined species, from South Africa.—*Presented by Dr. A. Smith, Assist. Surgeon to the Forces.*
4. Cranium of *Troglodytes niger*.
5. Cranium of *Troglodytes niger* (immature).
6. Cranium of *Simia cyanops*? (male).—*Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*
7. Cranium of an undetermined species.

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#### ORDER CHEIROPTERA.

##### Family VESPERTILIONIDES.

1. Natural Skeleton of an undetermined species, from Bengal.—*Presented by Dr. Burke, Inspector General of Hospitals.*

2. Skeleton of *Vespertilio murinus*.—*Presented by Dr. Knox.*
3. Cranium of an undetermined species.

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## ORDER FERÆ.

### Family INSECTIVORA.

1. Articulated Skeleton of *Erinaceus europæus*.—*Presented by Dr. Knox.*
2. Cranium of the same.
3. Cranium of an undetermined species, from Bengal.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*

### Family CARNIVORA.

1. Articulated Skeleton of *Putorius vulgaris*.—*Presented by Dr. Knox.*
2. Cranium of an undetermined species of *Ursus*.
3. Cranium of *Meles vulgaris*.—*Presented by Mr. Bacon, Assistant Surgeon, Honorable Company's Service.*
4. Cranium of an undetermined species of the same genus.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*
- 5 to 8. Crania of an undetermined species of *Mustela*, from Bengal.—*Presented by the same.*
9. Os penis of *Procyon Lotor*.—*Presented by Mr. Burton, Surgeon to the Forces.*
- 10 to 16. Crania of several varieties of *Canis familiaris*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment, and Mr. Bacon, Assistant Surgeon, Honorable Company's Service.*
- 17 to 21. Crania of *Canis aureus*.—*Presented by Dr. A. Smith, Assistant Surgeon to the Forces, and Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*
22. Cranium of *Hyæna vulgaris* (male).—*Presented by Dr. Burke, Inspector General of Hospitals.*

23. Cranium of *Hyæna vulgaris* (female).—*Presented by Dr. Burke, Inspector General of Hospitals.*
24. Cranium of *Hyæna vulgaris* (immature).—*Presented by the same.*
25. Cranium of *Hyæna crocuta*.—*Presented by Dr. A. Smith, Assistant Surgeon to the Forces.*
- 26 to 34. Crania of *Felis Tigris*.—*Presented by Dr. Burke, Inspector General; Dr. Brown, Deputy Inspector General; Staff Surgeon Grasset; and Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*
35. Articulated Skeleton of *Felis venatica*.—*From the Museum of the Army Medical Department, Ceylon.*
- 36 to 38. Crania of *Felis Catus*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*

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#### ORDER MARSUPIALIA.

1. Cranium and bones of *Macropus major*?—*Presented by the Earl of Darnley.*

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#### ORDER GLIRES.

- 1 to 4. Crania of an undetermined species of the genus *Mus*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*
5. Natural Skeleton, from the same genus.
- 6 and 7. Crania of *Sciurus vulgaris*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*
- 8 and 9. Crania of *Lepus timidus*.—*Presented by the same.*
- 10 and 11. Crania of *Lepus Cuniculus*.—*Presented by the same.*
12. Ossicula auditûs of *Lepus C.*—*Presented by Mr. Steel, Assistant Surgeon, 1st Dragoons.*
13. Cranium of *Cobaya*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*

## ORDER EDENTATA.

1. Cranium of *Myrmecophaga capensis*.—*Presented by Mr. Ford, Assistant Surgeon, 41st Regiment.*
  2. Articulated Skeleton of *Manis crassicaudata*.
  3. Articulated Skeleton of *Manis longicaudata*.
  4. Natural Skeleton of *Ornithorhynchus fuscus*.—*Presented by Dr. Jones, Surgeon, 40th Regiment.*
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## ORDER PACHYDERMATA.

## Family PROBOSCIDEA.

1. Cranium of *Elephas indicus* (immature).
- 2 to 4. Tusks of *Elephas africanus*,—one, two, and three years old.—*Presented by Dr. A. Smith, Assistant Surgeon to the Forces.*
- 5 to 7. Molar Teeth of *Elephas indicus*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*

## Family PACHYDERMA (proper).

1. Cranium of *Hippopotamus amphibius*.—*Presented by Dr. Bell, Surgeon to the Forces.*
2. Cranium of the same (immature).—*Presented by Dr. Murray, Surgeon to the Forces.*
- 3 to 5. Teeth of the same.—*Presented by Dr. Burke, Inspector General of Hospitals, and Dr. A. Smith, Assistant Surgeon to the Forces.*
6. Atlas and Dentata of the same.—*Presented by Dr. Bell, Surgeon to the Forces.*
- 7 to 11. Crania of *Sus Scrofa*.—*Presented by Dr. Burke and Mr. Fraser, Inspectors General; Lieut. Lloyd, 14th Regiment; and Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*



12. Part of the Jaws of *Sus Scrofa*,—exhibiting the Incisors and Canines.
- 13 and 14. Tusks of the same, from South Africa.—*Presented by Dr. A. Smith, Assistant Surgeon to the Forces.*
- 15 to 19. Five Tusks from the lower Jaw,—of various sizes and growth.
20. Pair of Canine Teeth from the upper Jaw.
21. Cranium of *Phascocærus africanus*.
22. Cranium of *Sus Babyrussa*.
23. Cranium of *Rhinoceros bicornis*.—*Presented by Mr. Morgan, Assistant Surgeon, 55th Regiment.*

#### Family SOLIDUNGULA.

1. Cranium of *Equus Caballus* (female).—*Presented by Dr. Cox, Assistant Surgeon, 75th Regiment.*
- 2 to 5. Part of the lower Jaws of the same, illustrating Dentition at the second, fifth, sixth, and eighth years.—*Presented by Mr. Burton, Surgeon to the Forces; and Captain Squire, 13th Light Infantry.*
6. The same,—showing the insertion of the Teeth into the Alveolar processes.—*Presented by Captain Squire, 13th Light Infantry.*
7. Part of both Jaws of the same,—exhibiting the state of the Teeth in the male, at a very advanced age.—*Presented by Mr. Burton, Surgeon to the Forces.*

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### ORDER RUMINANTIA.

#### Tribe CAMELIDÆ.

1. Cranium of *Camelus Dromedarius* (immature).—*Presented by Mr. Grasset, Surgeon to the Forces.*
2. Cranium of the same, at a very advanced age.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*

#### Tribe CERVIDÆ.

1. Articulated Skeleton of *Moschus Meminna*.—*From the Museum of the Army Medical Department, Ceylon.*

- 2 and 3. Crania of *Cervus Dama* (male and female).—*Presented by the Earl of Darnley.*
4. Cranium of *Cervus Capreolus*.

#### Tribe CAPRIDÆ.

- 1 and 2. Crania of *Antilope Cervicapra*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment; and Mr. Shower, Apothecary to the Forces.*
3. Cranium of *Antilope Goral*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon to the Forces.*
- 4 and 5. Crania of *Capra Hircus* (male and female).—*Persian var.—Presented by Mr. Chapman, Assistant Surgeon, 1st Royals.*
6. Cranium of *Ovis Aries*.—*Cape var.—Presented by Mr. Ford, Assistant Surgeon, 72nd Regiment.*
7. Cranium of *Damalis risia*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*
8. Cranium of *Damalis strepsiceros*.—*Presented by Dr. A. Smith, Assistant Surgeon to the Forces.*
9. Cranium of *Damalis Orcas*.—*Presented by the same.*

### ORDER CETACEA.

#### Family CETÆ.

- 1 to 4. Crania of *Delphinus Phocæna*.—*One presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*
5. *Ossa bulbosa* of *Balæna Mysticetus*.

### MISCELLANEOUS.

1. Part of the Eye of a Quadruped,—exhibiting the Retina, and Pigmentum nigrum.

2. The same, injected,—exhibiting the vascularity of the Corpus ciliare.
  3. Part of the Eye of a large Quadrupe, —showing the anterior chamber of the Aqueous humour, and relation of the Retina to the Ciliary processes.
  4. The same,—exhibiting a general view of its anatomical structure.
  5. The same,—exhibiting the distribution of the Ciliary nerves. Anterior view of the same,—injected, showing the Iris, Ciliary processes, and vascularity of the Choroid coat.
  6. The same, injected,—exhibiting the three proper Coats of the Eye, Arteria centralis Retinæ, and Vasa vorticosa, with the extreme ramifications of the Ciliary nerves on the Choroid tunic.
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## CLASS AVES.

### ORDER RAPACES.

1. Cranium of an undetermined species of Vultur.—*Presented by Mr. Grasset, Surgeon to the Forces.*
  2. Skeleton of an undetermined species of Falco.—*Presented by Dr. Burke, Inspector General of Hospitals.*
  3. Articulated Skeleton of Astur nisus.—*Presented by Dr. Knox.*
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### ORDER CURSORES.

1. Sternum of Struthio Camelus.—*Presented by Dr. Burke, Inspector General of Hospitals.*

## ORDER GRALLATORES.

1. Skeleton of *Ciconia argala*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*
  - 2 and 3. Crania of the same.—*Presented by Dr. Burke, Inspector General of Hospitals.*
  4. Cranium of an undetermined species of *Ciconia*.—*Presented by Mr. Grasset, Surgeon to the Forces.*
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## ORDER PALMIPEDES.

- 1 and 2. Crania of *Procellaria capensis*.—*Presented by Mr. Tighe, Assistant Surgeon, 75th Regiment.*
  3. Cranium of *Pachyptila Forsteri*.—*Presented by the same.*
  4. Cranium, Pelvis, and Extremities of *Diomedea exulans*?
  5. Articulated Skeleton of *Pelecanus onocrotalus*.—*From the Museum of the Army Medical Department, Ceylon.*
  6. Cranium of the same.—*From the same.*
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## MISCELLANEOUS.

Case,—containing one hundred and eight Crania of Birds of the following genera: viz.—*Vultur—Falco—Strix—Lanius—Corvus—Picus—Sternus—Turdus—Motacilla—Muscicapa—Alauda—Parus—Emberiza—Loxia—Fringilla—Cuculus—Psittacus—Certhia—Alcedo—Hirundo—Phasianus—Meleagris—Numida—Tetrao—Columba—Charadrius—Tringa—Ardea—Scolopax—Rallus—Fulica—Sterna—Larus—Anas—Mergus—Colymbus—and Pelecanus.*—*Presented by Mr. Bacon, Assistant Surgeon, Honorable Company's Service.*

Case,—containing fifty-two Crania of Birds of the following genera: viz. — *Falco—Corvus—Oriolus—Fringilla—Alcedo—Hirundo—Charadrius—Tringa—Parra—Larus—and Anas.*—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*

## CLASS REPTILIA.

### ORDER CHELONIA.

- 1 to 4. Crania of *Testudo Midas*.—*Presented by Captain Phillips, R.N.; Staff Surgeons Grasset and Burton; and Mr. Bacon, Assistant Surgeon, Honorable Company's Service.*
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### ORDER SAURIA.

1. Articulated Skeleton of *Gaviala gangetica*\*.—*Presented by Dr. Sandham, Surgeon, 11th Light Dragoons.*
- 2 to 5. Crania of the same.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment; Medical Department, Ceylon; and Dr. Burke, Inspector General of Hospitals.*
- 6 and 7. Crania of *Gaviala tenuirostris*.—*Presented by Dr. Burke, Inspector General of Hospitals.*
- 8 to 10. Crania of *Crocodylus vulgaris*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment; and Dr. A. Smith, Assistant Surgeon to the Forces.*
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### ORDER OPHIDIA.

1. Poison gland, Duct, and Fang of *Naija vulgaris*.—*Presented by Mr. Grasset, Surgeon to the Forces.*
2. Part of the Spine and Ribs of an undetermined species of *Coluber*.

\* This superb and unique specimen is twelve feet three inches in length, in the finest condition, and perfect in all its parts.

## CLASS PISCES.

### ORDER PLAGIOSTOMI.

#### Family SQUALIDÆ.

- 1 to 3. Jaws of *Carcharias vulgaris*.—*Presented by Mr. Shower, Apothecary to the Forces; Mr. Giffney, Assistant Surgeon, 16th Regiment; and Lieut. Colonel Buchanan, Royal Engineers.*
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## B. INTERNAL STRUCTURE.

### CLASS MAMMALIA.

#### ORDER CHEIROPTERA.

1. Fœtus of *Phyllostoma Vampyrus*.—*Presented by Mr. Burton, Surgeon to the Forces.*
  2. *Plecotus auritus*,—dissected, to exhibit part of the contents of the thoracic and abdominal cavities.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
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#### ORDER MARSUPIALIA.

- Fœtus of an undetermined species, attached to the Mamma.—*Presented by Lieut. Bates, 57th Regiment.*
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#### ORDER EDENTATA.

1. Fœtus in utero of *Manis crassicaudata*.—*Presented by Mr. G. R. Dartnell, Assistant Surgeon, 41st Regiment.*

2. Tongue of *Ornithorhynchus fuscus*.—*Presented by Dr. Jones, Surgeon, 40th Regiment.*
  - 3 and 4. Penis (?) of *Ornithorhynchus fuscus*.—*Presented by the same.*
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## ORDER RUMINANTIA.

1. Stomachs of *Capra Hircus*,—exhibiting their internal structure.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
  2. Lower jaw of *Capra Hircus*,—exhibiting the progress of Dentition.
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## CLASS AVES.

Stomach of *Struthio Camelus*.—*Presented by Professor Munro.*

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## CLASS REPTILIA.

## ORDER CHELONIA.

1. *Chelonia caouana*,—dissected, to show the structure of the Lungs.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
2. Œsophagus, Stomach, and Intestine of *Chelonia caouana*.—*Presented by the same.*
3. Œsophagus of *Chelonia Midas*,—exhibiting the structure of its inner lining.—*Presented by Mr. Burton, Surgeon to the Forces.*
4. Male organs of Generation of *Chelonia Midas*.—*Presented by Mr. Poole, Assistant Surgeon to the Forces.*

5. Kidney of a Chelonian.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.*
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### ORDER SAURIA.

1. Chamæleon vulgaris,—dissected to show the Ova.
  2. Heart and great Blood-vessels of a large Saurian,—injected.—*From the Museum of the Army Medical Department, Ceylon.*
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### Division INVERTEBRATA.

1. Astacus marinus,—dissected, to show the Nervous system. .  
—*Presented by Professor Munro.*
- 2 to 4. Hirudo sanguisuga,—dissected, to exhibit the Nervous system.—*Presented by the same.*



## A P P E N D I X.

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### THE FOLLOWING OBJECTS

HAVE BEEN PREPARED AND ADDED TO THE COLLECTION  
SINCE THE CATALOGUE WENT TO THE PRESS;

By FARQUHAR M'CRAE, M.D.

*Assistant Staff Surgeon,*

CORRESPONDING MEMBER OF THE ANATOMICAL SOCIETY OF PARIS;  
MEMBER OF THE ROYAL MEDICAL SOCIETY OF EDINBURGH;  
AND FOR SEVERAL YEARS DEMONSTRATOR OF ANATOMY IN THE  
SCHOOL OF PROFESSOR LIZARS OF THAT PLACE.

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### RESPIRATION.

#### DIVISION I.

43. Fracture of the Cricoid cartilage, in consequence of the kick of a horse.—*Presented by Dr. Annesley, Surgeon, 2nd Dragoon Guards.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From James White, æt. 19, 2nd Dragoon Guards. This man was leading his horse, when it suddenly started forward, and kicked him on the throat. General Emphysema, with great difficulty of breathing, and a sensation of suffocation, immediately followed, and he expired four hours after the receipt of the injury.

#### DIVISION III.

103. A portion of Lung having a foramen in it, which communicated with the cavity of the chest, and caused Pneumo-thorax.—*Fort Pitt.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From Michael Noon, 21st Regiment, æt. 24. This individual was admitted into the General Hospital on the 24th of November, 1832, having all the symptoms of Phthisis pulmonalis. On the 15th of December it was noticed (in addition to the Stethoscopic phenomena usual in that disease,) that both sides of the chest emitted a dull sound on percussion. This latter symptom continued till the 27th, when suddenly respiration became very laborious and frequent, with difficult expectoration, &c. On minute examination it was found that the left side had now become very sonorous on percussion, and neither respiratory murmur nor râles could be detected by the Stethoscope. Opposite the lower part of the right Lung respiration had the puerile character, and between the fourth and fifth ribs of that side the action of the Heart was strong. By the 29th all the symptoms had become aggravated; at each inspiration the intercostal muscles of the left side were puffed out, and the *metallic resonance*, and occasionally *metallic tinkling*, distinctly heard between the second and third ribs near to the sternum. In addition to these, the patient complained of severe pain between the two last ribs of the left side, and inability to lie on the right. Pulse 120, very feeble. These symptoms continued, and the man having become gradually weaker, expired on the 2nd of January, 1833.

*Appearances on dissection.*—*Exterior*:—The left side projected more than the right. The Abdomen being opened, the diaphragm on the former side presented a convexity instead of a concavity on its sacral aspect, and was so pushed down that its most convex part lay parallel with the lowest rib. Considerable displacement of the stomach, &c. was the consequence. On examining the chest it was ascertained that this tumour of the diaphragm was caused by the escape of a vast quantity of air into the pleural cavity, through the fistulous foramen of the Lung—seen in the preparation. The Lung itself was much condensed, the Heart pushed over to the right side, and the foramen situated at the exact spot between the second and third ribs, where the Stethoscope had indicated its existence before the patient's death. There was little fluid in the cavity, but both the Pleura pulmonalis and costalis were covered by a thick layer of recently effused coagulable lymph.

A full account of the post mortem examination may

be found in *Necrological Register*, vol. iv. page 34; and details of case in *Medical Register*, No. 143, page 162.

104. A part of the Pleura lining the diaphragm, converted into cartilage.—*Fort Pitt*.—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

This specimen was obtained from the body of James Hardacre, 12th Foot, æt. 37, who was admitted into the General Hospital from Gibraltar, in an impaired state of health, which he attributed to repeated attacks of fever, catarrh, &c. At the period of admission he had chronic catarrh, which soon terminated in Phthisis pulmonalis, of which he died. There were no symptoms before death indicative of the condition of the diaphragm as seen in the preparation. The state of the Pleuræ was as follows:—On the right side of the chest firmly organized bands connected the Lung to the ribs. These were most numerous at its postero-superior and inferior portions, the centre being comparatively free. The left Lung adhered throughout to the ribs by condensed cellular substance, and a cartilaginous patch about the size of a crown piece was noticed on the middle of the right side of the diaphragm. A full account of the post mortem examination may be found in *Necrological Register*, vol. iv. page 24; and details of case are contained in *Medical Register*, No. 144. folio 62.

105. Hypertrophy of a small portion of the parenchyma of a Lung.—*Fort Pitt*.—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From William Woodhead, 35th Regiment, æt. 24. From the *Medical Register*, it appears that this individual was admitted into the General Hospital on the 15th of September last, affected with an obstinate bowel complaint, of which he died on the 6th of November. There were no symptoms before death which could lead to a suspicion of a diseased condition of the thoracic viscera. At the post mortem examination, however, the following appearances were noticed. The Lungs externally were of the natural colour, but strong adhesions existed both on the left and right sides between their Pleura and the Pleura costalis. Those of the right were firm, transparent, and so numerous, as to resemble net-work, while on the left they were opaque, and of more recent formation, glueing together, as it

were, the Pleura costalis and pulmonalis throughout the whole extent of the cavity. These were easily detached from each other; and this being done, the pleura lining the ribs and diaphragm was found studded with small tubercular bodies, and numerous red patches were noticed on the same. This inflammatory congestion was most considerable, however, at the postero-inferior part of the left cavity, where a small deposit of recently effused coagulable lymph also was found. The internal structure of the Lungs generally presented few marks of disease. At the lower part of the left was the hypertrophied portion seen in the preparation. It had a grey colour; and when cut into, appeared studded with minute granules, but with no appearance of pus. Its length is about two inches, and breadth one, forming a fine specimen of the *Hypertrophie du poumon* of Andral, or the *Granulation pulmonaire* of Bayle. A full account of the post mortem examination may be found in *Necrological Register*, vol. iv. page 24; and details of case in *Medical Register*, No. 143. folio 85.

106. A part of the Diaphragm, having its Pleural lining studded with tubercles.—*Fort Pitt*.—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

This preparation was procured from the same body which furnished the preceding one; an account of it will be obtained by reading that attached to No. 105.

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## CIRCULATION.

### DIVISION I.

93. Enlargement with thickening of the Pericardium.—*Presented by Mr. Davey, 7th Fusileers, Malta*.—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

Obtained from the body of a man of 7th Fusileers, who died of Pericarditis. The pericardium contained about three pints of pus. No detailed account of case has been received.

## DIVISION II.

86. Arteries of the Brain partially ossified.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese woman, æt. 92, who died of Hydrothorax. No history of case received.

87. Partial ossification of the Basilar artery, and its branches.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese, aged 95. No history of case received.

88. Partial ossification of the superficial Femoral artery.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese, aged 98, who died of Peritonitis. No history of case received.

89. The Internal carotid arteries, and their branches; the former partially ossified.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese, aged 95. No history of case received.

90. Partial ossification of Internal carotid arteries; and some of the vessels forming the circle of Willis, obstructed by coagula.—*Presented by Dr. White, Rifles, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a man of the Rifle Brigade, who died comatose; but whether the diseased condition originated from internal or external causes, is not mentioned in the document. The information received is, that on dissection the cortical substance of the Brain was found in a state of ramollisement, and of a pinkish hue.

91. Partial ossification of a portion of one of the coronary arteries of the Heart.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese, aged 98, who died of Peritonitis. No history of case received.

92. Arch of the Aorta, having its inner coat studded with osseous deposit.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese, aged 95. No history of case received.

93. Abdominal Aorta and common iliac arteries ossified in many places.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese, aged 98, who died of Peritonitis. No history of case received.

94. Thoracic Aorta partially ossified.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese, aged 84. No history of case received.

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## DIGESTION.

### DIVISION I.

11. Exhibits two ulcers in the interior of the Œsophagus, one of which communicates with a diseased bronchial gland at the division of the Trachea.—*Fort Pitt.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From Michael M'Carthy, 36th Regiment, æt. 35, who died of the sequelæ of dysentery, complicated with a pulmonic affection. There were no symptoms before death indicative of the disease seen in the preparation.

### DIVISION III.

114. Perforation of the Ilium, which occurred as a consequence of fever.—*Presented by Dr. Henderson, Surgeon, 48th Regiment.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

The individual from whose body this specimen was taken, had been under treatment for fever. His convalescence was protracted without any evident cause, when peritoneal inflammation suddenly occurred, and

cut him off. At the post mortem examination the disease was found to have been produced by the escape of feculent matter into the abdomen through the opening seen in the preparation.

115. An umbilical hernia dissected, so as to show the continuity of the sac with the peritoneum, and the nature of its contents.—*Presented by Mr. C. Fagg, Hythe.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

No history of case received. A large quantity of Omentum is contained in the sac, to which, in some parts, it firmly adheres.

#### DIVISION IV.

104. A very large Appendix vermiformis covered with ulcers internally.—*Presented by Mr. Martin, 73rd Regiment, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a man of the 73rd Regiment, who died of Phthisis pulmonalis. No history of case received.

105. A peculiar adhesive band stretching across the interior of the Colon.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

This band is situated in the lower part of a Colon taken from the body of a Maltese woman, aged 92, who died of Hydrothorax.

106. An ulcer in the interior of the transverse arch of the Colon in a healing state.—*Presented by Mr. Davey, 7th Fusileers, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a man who died of Phthisis pulmonalis. The document states that he had dysenteric symptoms, which were removed by appropriate treatment, and his bowels became regular before death.

107. The Meso-colon and transverse arch of the Colon in a carcinomatous state.—*Presented by Mr. M'Andrew, Surgeon, 14th Regiment, Portsmouth.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From the body of Serjeant Callender, 14th Regiment. This man was admitted into hospital on the 14th December, 1831, to be treated for Hydrocele.

The abdomen though tumified did not excite attention till the 27th, when he was attacked with sickness and vomiting; suitable remedies relieved these symptoms, but becoming again aggravated on the 5th January, an attentive examination was made, and it was discovered that a distinct moveable tumour existed in the Umbilical, and extended upwards into the epigastric, and latterly into the two renal regions. From this date it continued to increase in size, and became exceedingly painful on pressure, accompanied at intervals with sickness and vomiting. The stools were generally copious and feculent, but occasionally mixed with bloody pus, and always passed with much uneasiness. The post mortem appearances were as follows:—*Exterior*: Great emaciation, and countenance of a yellow hue. On opening abdomen a large cartilaginous-like mass was found occupying more or less the umbilical, epigastric, hypochondriac, and renal regions. The great curvature of the stomach and parts of the duodenum and jejunum intimately adhered to it. But the chief objects implicated were the meso-colon and the transverse arch of colon. The former is seen in the preparation converted into a large scirrhus mass; the coats of the latter are much thickened and indurated, and there is an ulcerated opening nearly in the centre of the transverse arch through which its contents were discharged into the abdominal cavity.—For particulars of case see Book of Original Documents for 1832, page 51.

108. The transverse arch of the Colon exhibiting two remarkable contractions.—*Fort Pitt*.—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From the body of Martin Murray, 21st Regiment. This man died of Phthisis pulmonalis, æt. 23. On dissection the lungs had many of the appearances commonly noticed in such cases. No symptoms before death indicated disease in the Abdomen: its viscera, however, both membranous and parenchymatous, exhibited increased vascularity, and at each extremity of the transverse arch of the Colon were two contractions by which (as seen in preparation,) the gut in these points is reduced to half its usual calibre. An account of the post mortem examination may be found in *Necrological Register*, vol. iv. page 18; and details of case in *Medical Register*, No. 143. folio 98.



## SECRETION.

## DIVISION II.

102. The Cavity of an abscess in the Liver.—*Presented by Mr. Davey, 7th Fusileers, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a man of the 7th Fusileers. It was situated in the convex part of right lobe of the liver, in contact with the diaphragm. No history of case yet received.

## DIVISION III.

19. A very small Spleen with its capsule partially converted into cartilage.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese, æt. 84, whose arteries were very generally ossified. No history of case yet received.

20. A portion of Spleen having several small cartilaginous bodies on its capsule.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

No history of case yet received.

## DIVISION IV.

43. Kidney containing many small cavities which were filled with pus.—*Presented by Mr. Davey, 7th Fusileers, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a private of the 7th Fusileers, concerning whose case no further notice has been yet received, than that similar abscesses were found in the other kidney and in his lungs and prostate gland. The vesiculæ seminales also were distended with pus.

44. A Kidney, having many hydatid cysts in its substance.—*Presented by Mr. Henry, Assistant Surgeon, 14th Dragoons.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From the body of William Arnold, 14th Light Dragoons. This man died, æt. 22, of acute Hepatitis. There were no symptoms before death which indicated

either deranged function or organic disease of this kidney. The other was perfectly healthy.

#### DIVISION V.

14. A portion of Cuticle detached from the Cutis,—exhibiting the alteration in structure which is caused by cicatrization.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From the thigh of a young man.

### SENSATION.

#### DIVISION I.

50. The Pineal Gland enlarged and its structure slightly altered.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a man who died of Pneumonia. There were no symptoms before death indicative of disease of the Brain.

51. Blood effused under the Dura Mater.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

The blood was spread over the right hemisphere of the Brain, and occasioned death. It occurred in an infant aged 6 weeks. No history of case yet received.

52. A firm tumour which was situated in the substance of the Cerebrum a little anterior to its right Crus.—*Presented by Mr. Davey, 7th Fusileers, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a man of the 7th Fusileers, who died of Phthisis complicated with Cerebral disease. Document states that the tumour had no cyst, but that the portion of Brain surrounding it was softened. No detailed account of case has yet been received.

53. Thickening of the Pia Mater and Arachnoid membranes.

—*Presented by Mr. Davey, 7th Fusileers, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From the upper surface of the Cerebrum of a man of the 7th Fusileers, æt. 46, who died of Phthisis Pulmonalis complicated with Cerebral disease. No history of case has yet been received.

## DIVISION II.

3. The trunk of Nervus Vagus intimately connected with that of the Great sympathetic.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a child that died of Pneumonia, aged 38 days.

## LOCOMOTION.

### DIVISION I.

157. A Cranium and lower Jaw extensively affected with Caries.—*Presented by Dr. A. Stewart, Staff Surgeon.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

The disease has destroyed more or less every bone of the Cranium, and several of the face. The lower jaw also is extensively affected.

### DIVISION IV.

70. The Sternum of a soldier who killed himself by wounding the heart with a penknife, the blade of which is seen broken in the bone.—*Donor unknown.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

It came from Madras, but no history of case was sent.

71. Luxation of the head of the femur into the Ischiatic notch, with fracture of the posterior part of the rim of the Acetabulum.—*Presented by Mr. Gulliver, Assistant Surgeon, 71st Regiment.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

The position of the limb and its appearance were those which Sir Astley Cooper describes as belonging to this accident; but as it admitted being easily reduced, and as a crepitus was heard on rotation, those who examined the injury at first thought it to be a case of fracture of the neck of the thigh bone, of a nature similar to one described by Mr. Stanley, in which, contrary to the general rule, the toes were turned inwards. This specimen is valuable as showing a very rare injury. It was taken from the body of a man of the 71st Regiment, who fell from the wall of Edinburgh Castle into Princes Street gardens, where he was found dead some hours after the accident. The degree of injury sustained by the Acetabulum, the capsular and round ligaments, is seen in the preparation, but no account of the appearance which the surrounding muscles presented on dissection has been yet received.

71. Exhibits the reunion of a fractured Clavicle.—*Fort Pitt.*  
—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*  
From Michael M'Carthy, a man of 36th Regiment.

## GENERATION.

### DIVISION I.

34. The Prostate Gland and Vesiculæ Seminales; the former contained many small abscesses, and the latter were filled with pus.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.*—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*  
From a man of the 7th Fusileers. Document states that he had abscesses in his lungs and kidneys. No account of case yet received.
35. The Tunica Albuginea Testis partially ossified.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.*—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*  
A duplicate of No. 32, and from the same subject.

## DIVISION II.

18. Shows an obliteration of the Os Uteri.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese woman, aged 92. The relations of the external and internal organs of generation are displayed.

## MALFORMATIONS.

24. Shows the right Auricle of heart. A large foramen is seen in Fossa Ovalis, together with some fine tendinous cords which pass from the Eustachian valve to the opposite side of the cavity.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Serjeant of the Royal Fusileers, æt. 36, who was shot when in perfect health.

25. The Septum Auriculorum of the heart, showing a peculiar reticulated structure over Fossa Ovalis.—*Presented by Mr. Martin, 73rd Regiment, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a man of the 73rd Regiment, who died of Phthisis pulmonalis. No history of case yet received.

26. A sacculated appendix to a portion of small intestine.—*Presented by Mr. Martin, 73rd Regiment, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a man of the 73rd Regiment, who died of gangrene of the right lung.

27. The Receptaculum Chyli, and a portion of the thoracic duct exhibiting an unusual cellular structure.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a Maltese who died aged 95. The communication in the duct is preserved by means of small

openings in the cells. No history of case as yet received.

28. A Puppy without a face.—*Presented by Dr. Mouatt, 13th Light Dragoons.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

29. An Appendix Vermiformis of unusual length.—*Presented by Dr. White, Rifle Brigade.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a man of the Rifle Brigade, who died of Pneumonia.

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### MISCELLANEOUS.

44. Two Sacs found in the lungs, which were filled with a substance composed of carbonate, phosphate of lime, and animal matter.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

From a man of the 7th Fusileers, who died of Pericarditis. The substance resembled putty.

45. A small Atheromatous Tumour.—*Presented by Mr. Menzies, Assistant Staff Surgeon.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

Removed from a female breast.

46. A portion of the human Umbilical Cord, exhibiting the ulcerative process which causes its separation.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

## PREPARATIONS IN HEALTHY ANATOMY,

*Added to the Museum since 1st January 1833.*

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### CIRCULATION.

43. The circle of Willis, with the trunks of the Internal Carotid and Basilar arteries.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
44. The Heart of a foetus at the 9th month, showing the valve of the Foramen Ovale.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

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### SECRETION.

19. A Spleen prepared by maceration, to show its structure.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

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### EXCRETION.

40. The Urinary Bladder of a Male child aged 38 days.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

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### SENSATION.

2. The origin of some of the nerves of the Brain.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

*Preparations illustrative of the Minute Anatomy of the Human Ear,—all made from adult temporal bones.*

3. A Dissection, to show the size of the tympanic cavity, and the different objects within it described by authors. The canal of the tensor tympani muscle is painted red, that of the Eustachian tube blue. There is a black bristle in the aqueduct of Fallopius which is laid open, and another indicates the canal in which the chorda tympani lies. Besides these, the mastoid cells and their communication with the tympanic cavity, the promontory and pyramid of the tympanum, and the Foramen Ovale, and F. Rotundum are shown.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
4. Shows the beautiful structure of the Mastoid cells.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
5. Form and exact size of the cavity of the Vestibule displayed, with its relation to the Meatus Auditorius Internus, Cochlea, and Foramen Ovale.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
6. Shows a perpendicular section of the Mastoid cells, also some of the objects in the tympanic cavity. The aqueduct of Fallopius is coloured red, the canal of chorda tympani laid open and painted blue; the exact point where it enters the tympanum is seen, together with the situation and relations of the Cochlea, vestibule, and three semicircular canals.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
7. Shows the whole of the Mastoid cells and their foramen of communication with the tympanum, the size of the vestibule and the objects which communicate with it, also one of the Ampullæ of the semicircular canals, the whole of the Lamina Spiralis, and the manner in which it separates the tympanic and vestibular scalæ.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
8. Exhibits the tympanic cavity, the whole course of the Facial nerve within the temporal bone, the canal of the Chorda tympani, the distribution of a nerve which has its origin from the Glosso-pharyngeal in the Foramen Lacerum



posterius, and enters the tympanum, where, after sending twigs to the Tensor tympani, Laxator tympani, major and minor, and Stapedius muscles, it divides into three branches: one communicates with the facial nerve in the aqueduct of Fallopius; another passes backwards and enters the carotid canal (by a distinct foramen), where it unites with the Great Sympathetic; and the third passes in a canal immediately above that of Tensor tympani muscle, and ultimately is lost in the ganglion of Arnold\*.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

9. Shows the whole anatomy and relations of the parts which compose the Labyrinth; but the chief object of the preparation is to display the aqueduct of Cochlea, which is painted red.—*Prepared and presented by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
10. A section of the temporal bone, showing some of the relations of tympanic cavity, the whole course of the aqueduct of the Cochlea, the size of the Vestibule, the course of a canal noticed by the preparer, M'Crae, in 1831 (and which he supposes to be an aqueduct of tympanum), the Cavitas Semiovalis, Sulciformis, and Hemisphærica, &c.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
11. Shows the minute anatomy of the parts which compose the Labyrinth.—*Prepared, and presented, by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
12. Displays the origin of the spinal nerves of a Fœtus at the ninth month.—*Presented by Dr. Davy, Assistant Inspector of Hospitals.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
13. The osseous anatomy of the Orbit and Nose.—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

\* [Dr. M'Crae affirms that he noticed several of these objects in 1825, and showed them to Professor Lizars of Edinburgh.]

## LOCOMOTION.

28. A male pelvis, prepared so as to show all its ligaments. There is a remarkable deficiency of a portion of the anterior part of the capsular ligament of the left hip-joint. The Synovia appeared to have been retained in the cavity solely by means of a few muscular fibres, which extended transversely across that part where the deficiency is.
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## GENERATION.

18. The organs of Generation of a female child, aged five months and seventeen days.—*Presented by Dr. Davy, Assistant Inspector of Hospitals, Malta.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
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## MISCELLANEOUS.

44. A Human foetus at the fifth or sixth week.—*Presented by Assistant Staff Surgeon Menzies.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
45. A Human foetus between the second and third months.—*Donor unknown. Received from Ireland.—Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
46. The Cranium of P. J., a maniac. The character of his insanity was that of Religious Melancholia, with a tendency to commit suicide.—He died of dysentery.—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*—*Necrological Register*, vol. iv. p. 39.
47. The Cranium of R. L., a maniac. He imagined himself a robber, but was harmless. Died of Atrophia.—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*—*Necrological Register*, vol. iv. p. 20.
48. The Cranium of J. D., a Religious Melancholic. Died of Phthisis.—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*—*Necrological Register*, vol. iv. p. 17.

## PREPARATIONS IN COMPARATIVE ANATOMY,

*Added since 1st January 1833.*

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1. *Ornithorhynchus fuscus*, Cuv. Dissected by Dr. Clark, Assistant Inspector of Hospitals, so as to show the forms of the throat, tongue, and teeth, together with some of the abdominal viscera, but more especially the urinary and genital organs. On the right side are several ova, varying in size from that of a pea to a millet-seed. This preparation derives an additional value from the circumstance of that excellent comparative anatomist Mr. Owen, Assistant Curator of the Museum of the College of Surgeons of London, having lately kindly displayed in it several discoveries he has made regarding the Generative and Lactiferous Systems of the animal.—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*
  2. The Fœtus of a Pig, supposed to be at the fourth or fifth week, dissected so as to display the Thoracic and Abdominal viscera.—*Presented by Mr. Richardson, Malta.*—*Prepared by Dr. Farquhar M'Crae, Assistant Staff Surgeon.*

*Return of the State of the Museum of the Army Medical Department, from 10th May 1832 to 13th May 1833.*

Description.		Remained.	Since added.	Damaged.	Transferred.	Remaining.	
1st, Anatomy.	{ Natural .....	417	40	...	...	457	
	{ Morbid .....	1249	126	...	42	1333	
	{ Comparative .....	360	12	...	...	372	
	{ Total .....	2026	178	...	42	2162	
2nd, Natural History.	{ Animal Kingdom ...	{ Mammalia .....	61	13	3	...	71
		{ Birds .....	646	254	50	...	850
		{ Reptiles .....	352	76	7	...	421
		{ Fishes .....	55	19	...	...	74
		{ Insects .....	1540	587	93	...	2034
		{ Testacea .....	55	351	...	...	406
		{ Zoophytes .....	8	...	...	...	8
	{ Total .....	2717	1300	153	...	3864	
{ Vegetable Kingdom ...	{ Specimens in Botany .....	4520	675	...	...	5195	
{ Mineral Kingdom ...	{ Specimens in Mineralogy .....	2594	374	...	...	2968	
3rd, Works of Art . . . . .	{	Drawings .....	108	44	...	...	152
		Paintings .....	19	1	...	...	20
		Casts .....	46	...	...	...	46
		Specimens in Rude Arts...	93	23	...	...	116
	{ Total .....	266	68	...	...	334	

*Report of the State of the Library of the Army Medical Department, from 10th May 1832 to 13th May 1833.*

	No. of Volumes in the Library on the 10th May, 1832.	No. of Volumes since added.			Total added during the Year.	Duplicate Volumes disposed of by authority.	No. of Volumes in the Library on the 13th May, 1833.	Of which are Duplicates.	No. of Pamphlets added during the Year.
		Purchased.	Presented.	Bequeathed.					
Professional Works	1416	30	239	239	508	150	1752	230	123
Works of Science } and Literature }	518	58	109	5	172	2	710	19	46
Total . .	1934	88	348	244	680	152	2462	249	169

*Note.*—There are also two highly useful Institutions of the Medical Officers of the Army: one, of the nature of an Insurance Society for the benefit of their Widows; and the other, a Charitable Institution for the Orphans of Medical Officers, and supported entirely by benevolent Members of the Department. The Insurance Society was instituted in 1816, and the Benevolent Society in 1820.

THE END.











